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THE TEENAGER'S CONCEPTION OF MENTAL ILLNESS.
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DESCRIPTORS- *TEENAGERS, *MENTAL ILLNESS, *SURVEYS, QUESTIONNAIRES, HIGH SCHOOL STUDENTS, *STUDENT ATTITUDES, LAFAYETTE, INDIANA, PURDUE OPINION PANEL

TO COMPLEMENT PREVIOUS SURVEYS OF ADULT OPINION ON MENTAL ILLNESS AND PROVIDE USEFUL INFORMATION FOR THE MENTAL HEALTH EDUCATOR, A SURVEY OF TEENAGE OPINION ON MENTAL ILLNESS WAS CONDUCTED. A QUESTIONNAIRE WAS DEVELOPED IN CONSULTATION WITH EXPERTS IN RELEVANT DISCIPLINES TO MEASURE THE TEENAGER'S CONCEPTION OF THE FOLLOWING--(1) THE MENTAL HOSPITAL, (2) THE MENTAL HOSPITAL PATIENT, (3) MENTAL HOSPITAL PERSONNEL, (4) THE FORMER MENTAL HOSPITAL PATIENT, (5) THE PROGNOSIS OF MENTAL ILLNESS, (6) THE NORMAL-ABNORMAL CONTINUUM, AND (7) THE IMPORTANCE OF VARIOUS ETIOLOGICAL FACTORS ON MENTAL HEALTH. THE QUESTIONNAIRE WAS ADMINISTERED TO A NATIONAL SAMPLE OF 15,000 HIGH SCHOOL STUDENTS. RESULTS WERE ANALYZED ON A STRATIFIED-RANDOM SAMPLE OF 2,000 STUDENTS. PERCENTAGE RESPONSE WAS COMPUTED FOR EACH ITEM AND TESTS OF SIGNIFICANCE WERE MADE ACROSS SIX SUBGROUPS OF THE SAMPLE USING ANALYSIS OF VARIANCE FOR CATEGORIES OF ITEMS AND CHI-SQUARE FOR MISCELLANEOUS ITEMS. THE AUTHORS STATE THAT ALTHOUGH THERE IS AN INCREASING PUBLIC UNDERSTANDING OF MENTAL HEALTH, THERE ARE STILL MANY MISCONCEPTIONS AND MUCH LACK OF UNDERSTANDING AMONG TEENAGERS. (GC)

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THE TEENAGER'S CONCEPTION OF MENTAL ILLNESS

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Submitted to the Faculty
of
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by

Noel Gene Markwell

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of
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ABSTRACT

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The purpose of this study is to investigate what the American teenager thinks about various aspects of mental illness. It is designed to complement previous surveys of adult opinion and provide useful information for the mental health educator.

A questionnaire was developed in consultation with experts in relevant disciplines to measure the teenager's conception of the following: 1) the mental hospital, 2) the mental hospital patient, 3) mental hospital personnel, 4) the former mental hospital patient, 5) the prognosis of mental illness, 6) the normal-abnormal continuum, and 7) the importance of various etiological factors. The questionnaire was administered to a national sample of 15,000 high school students through the facilities of the Purdue Opinion Panel.

Results were analyzed on a stratified-random sample of 2,000 students. Percentage response was computed for each item and tests of significance were made across six sub-groups of the sample using analysis of variance for categories of items and chi^2 for miscellaneous items.

The results suggest that the teenager's conception of mental illness is encouraging in many ways but contains a substantial number of undesirable qualities. And it apparently differs considerably among various sub-groups of the sample, especially socio-economic groups. Speculations were made about possible reasons for these results and implications for mental health education were suggested.

CHAPTER I

INTRODUCTION

Mental Illness in Modern Society

Mental illness is the number one health problem of modern society. About one in every ten persons in the United States (17 million) has some form of mental or emotional disorder requiring treatment. On any day of the year there are as many patients under treatment in mental hospitals as in all other hospitals combined. Mental and emotional illness costs the nation three billion dollars annually (National Association for Mental Health, 1959). During World War II, 43 percent of all disability discharges (980,000) from the Armed Forces were for psychiatric reasons, and 865,000 men were rejected for similar reasons by their draft boards (Hollingshead and Redlich, 1958, p. 5). Furthermore there is the incidence of crime, suicide, alcoholism, juvenile delinquency, and the popularity of "peace of mind" literature. All these have made the magnitude and importance of the problem shockingly clear.

For many years treatment of mental illness consisted mainly of institutional care. Though this was humanitarian and a great stride from the earlier methods of punishment and imprisonment (Deutsch, 1949) it was not enough to bring about any great changes. But since World War II there has been a great awakening to this problem and many far-reaching steps have been taken. In 1946 the National Mental Health Act was passed which established the National Institute of Mental Health. It has functioned to increase research and training, and to provide the states with technical and financial assistance in the development of community mental health facilities. Clausen (1956, p. 11) notes that in 1946 only 24 states had operational mental health programs apart from state hospitals but that ten years later all states had such programs. This period also saw the development of the Veterans Administration hospitals with their excellent treatment facilities. The latter as well as increased public interest led many state governments to revitalize their hospital systems.

Such widespread changes were not without effect, but they did not constitute a cure-all. Weinberg (1952, p. 488) foresaw this when he wrote

> Year after year new patients in undiminished numbers are admitted into the many mental hospitals. Even if state mental hospitals became markedly better and even if outpatient treatment expanded, the ever-growing parade of new patients would not decline. Clearly, preventive measures must be introduced which will get at the sources of these disorders by striving to develop more stable persons and by striving to treat the disorders in the early stages.

Another aspect of this situation was that when hospitals did get better and the discharge rates increased, the problem of rehabilitation of the former mental patient into the community became a most acute one.

In another field there had developed a body of literature that was influential here also. This was the research on social and cultural factors affecting personality and mental illness. Representative studies were those of Faris and Dunham (1939) on the ecology of mental illness, the cross-cultural studies of Mead (1928) and other anthropologists, and the study of Davis and Dollard (1940) on class-caste influences on personality development. A more detailed consideration of these types of studies may be found in the articles of Eliot and Dunham in the book edited by Rose (1955).

On the theoretical level there was the development of a conception of human behavior that included social dynamics as well as personality dynamics. Although Freud had touched upon cultural influences in several of his books (1930, 1938), orthodox psychoanalysis by-and-large failed to consider such influences. But others reacted strongly against this narrow concern with only the "inner" man and began to look to the social environment as a source of explanations of human behavior. Principle among these were the social psychoanalytic thinkers, Horney (1937), Fromm (1941), and Sullivan (1937). In psychology, Lewin

(1935) stressed the influence of the environment as well as the person in determining human behavior.

Thus the influence of practical issues together with research and theory on social aspects of personality and mental illness have led to a recognition that mental illness is not only a psychiatric problem but is also a social problem. This recognition has fostered the growth of a new dimension in the fight against mental illness in modern society.

Mental Health Education

In this new dimension the disciplines of psychiatry, sociology, psychology, public health, social work, and education are intimately involved. It has been referred to as social psychiatry, public mental health, psychosocial medicine, etc. It will be called mental health education here to emphasize its positive and educational nature. But it involves an educational process that has been found to be plagued by a multitude of special problems. Clausen in a foreword to a recent book (Cumming and Cumming, 1957, p. x) clearly describes this when he writes

> Health education in the field of mental illness has a formidable task. No facile formulae for the recognition of mental illness can be offered. There are no simple directives whose inplementation will serve to ward off or prevent mental illness... Furthermore, understanding of human behavior, that most common and seemingly simple subject of human discussion, cannot readily be conveyed through slogans or simple descriptive

> statements. For these reasons, mental health educational programs have had to be tentative, even groping.

Mental health education attacks the problem of mental illness in terms of both treatment and prevention (Rennie and Woodward, 1948, p. 400). It is an aid in the treatment of mental illness by, first, creating a demand by the public for adequate facilities for the care and treatment of mental illnesses as well as for consultation about them. Second, it supplies information about the existing facilities and their functions so that the individual or family will know what measures to take in behalf of the seriously ill. Clausen and Yarrow (1955) have found that even in a large city providing relatively good mental health services, few families know where to turn for aid in dealing with mental illness. Third, it seeks to educate the public on the recognition of the symptoms of mental illness. Treatment here, as in physical illness, is more rapid and lasting when given early in the course of the disease. A study of the interpretations made by wives confronted by mental illness of the husband (Yarrow, Clausen, and Robbins, 1955) found that grossly psychotic symptoms were often interpreted as physical illness, "understandable" reactions to stress, or indications of meanness or weakness in the spouse.

The fourth and perhaps most important treatment function of mental health education is to help remove the stigma that still is attached to mental and nervous disorders. The need for this is clearly indicated by the reaction of employers to hiring former mental patients (Olshansky, Grob, and Malamud, 1958). It is indicated also by the recent studies of Pettit (1956) and Rose (1959) who found that the families of many patients, especially those that have been hospitalized for several years, do not wish the patient to be released from the hospital. Even after he is considered "cured" by the hospital staff these families try to find excuses for his not being returned. Hoch (1957) has commented that the attitude of the community influences not only the lives of the patients already discharged but also the chances for discharge of those still in the hospital. This point takes on special significance when considering the expense of caring for the mentally ill in institutional settings. The practice of the Scandinavian countries of keeping the mentally ill outside of institutions is possible because of the attitudes of the public. In Norway, for instance, it has been reported (Knudsen, 1955) that 49 percent of the certified mentally ill persons live outside of mental hospitals. Another issue involved here is the day hospital idea which is popular in England (Bierer, 1951) and is being used to some extent in the United States (Barnard, Robbins, and Tetzloff, 1952). Foster home care for the mentally ill has seen some success in the United States, too (Crutcher, 1944), but introducing this into an industrialized, urban society may nearly be impossible except on a very limited basis. The extent to which it could be done, however, would be of great advantage to society and to the mentally ill persons themselves.

The second general function of mental health education is in the prevention of mental illness. A very thorough discussion of this topic is presented in the textbook by Lemkau (1955) designed to acquaint the public health worker with the field of mental hygiene. A basic area of importance here is the promotion of better health practices. These would result particularly in the reduction of damage to the central nervous system. The most successful example is the reduction of venereal disease and the concomitant decline in general paresis. More attention to genetic influences, obstetrical practices, nutrition, accident prevention, etc., may lead to reduction in mental deficiency. Another area of enormous importance to a program of mental health education is that of child-rearing practices. Their role in personality development and in the person's choice of healthy or unhealthy modes of adjustment cannot be overemphasized. The literature in this field is huge and no attempt will be made to review even a sample of representative studies. A recent and comprehensive book in this field is Sears, Maccaby, and Levin (1957).

Another area where education may lead to the prevention of mental disorder is in preparing individuals for certain predictable stress situations. Educational and vocational counseling, pre-marital counseling, preparation for childbirth, and preparation for retirement are examples of such activities. The preparation for the less predictable stresses likely to occur during a lifetime lies primarily in the promotion of the sound growth and development of the individual throughout the lifespan. Difficulties in this process may be minimized by raising the general level of people's understanding of themselves and others, and of the kinds of factors which lead to healthy and unhealthy patterns of behavior. Essentially this is simply a more direct attempt to accomplish what all education strives for—the development of a productive and satisfied individual.

A final function which mental health education can perform is to outline the essentials of a healthier society and emphasize the most immediately necessary changes and how they can be accomplished. This calls for influence and action on the local, national, and international levels. Racial prejudice, economic insecurity, and war are only a few of the many problems that must be faced. Coleman (1956, Ch. 15) includes a survey of the various organizations now in operation that are designed to coordinate action toward the solution of these diverse social problems.

The Use of Surveys in Mental Health Education

The above discussion clearly indicates the importance of the role of the mental health educator. The latter term is used here to designate any member of the mental health professions who affects the attitudes and behavior of the general public in regard to mental health and illness. To be effective in this role the mental health educator needs to know the present state of knowledge and attitude in the population he is attempting to educate. Psychiatrist F. C. Redlich (1950, p. 75) makes this point clear when he writes

> We feel that more extensive and well-designed surveys of public opinion will be necessary before convincing and efficient campaigns for mental health will be possible. The promotion of mental health will never be as easy as drives for the prevention of cancer or of infantile paralysis. This should be just one more reason for using maximal intelligence and all available modern techniques in our efforts. If we wish to reach the large masses, which so far have hardly been touched by our work, we must know about their thoughts and beliefs.

The importance of such data to the mental health educator may be considered essentially twofold. First, by being aware of the folklore in which the public believes he will be much more able to combat such conceptions. For instance, if people tend to think of mental illness as only gross psychosis, as some research has shown (Star, 1955), then it becomes obviously necessary to increase their awareness of the milder forms of mental illness. Second, by knowing what valid beliefs the public holds, the educator will be better able to build upon this a constructive public conception. An example of this would be the finding that people agree that something can be done for a person who develops a mental disorder (Nunnally, 1957). Given this basic agreement the public may be educated to realize the need for better facilities and personnel to carry out treatment measures. In an article entitled "The Role of Surveys in Advancing Knowledge in the Field of Mental Health," Felix and Clausen (1953, p. 61) summarize these same general points when they write

> One of the responsibilities of the National Institute of Mental Health is the dissemination to the general public of knowledge about various mental health problems and the things people can do about those problems. It goes without saying, therefore, that we need to know both how much the public already understands and the nature of its misconceptions.

Statement of the Problem

This research study is designed to aid the mental health educator in accomplishing his various objectives. Thus it is similar in purpose to the other studies reported in the SURVEY OF THE LITERATURE—namely, to discover the types of information and misinformation that the public holds about mental illness. It will also investigate whether this information and misinformation varies significantly in different sub-groups of the public. In this way it will not only give a general picture of the public's conception but will also indicate certain segments of the population which need special attention from the mental health educator.

There is a great deal of research activity in this area at the moment with three agencies having huge projects near completion. However, all of these studies have been concerned with adults, and it is the object of this project to focus on a teenage population. This will round out the picture of the public's conception of mental illness by extending and complementing the previous research.

To include teenagers as a part of this picture is a necessary extension for a variety of reasons. One is that these young people will soon be adults and handling the business of the community. Their action or inaction will be a strong force in determining community policy on problems related to mental health and illness. Another reason is that most of them will soon be parents. The average age of marriage in the United States is 18 for females. In guiding their children toward maturity these young parents hold in their hands one of the keys to the future mental health of the population.

But teenagers' conception of mental illness is also important now, while they are still teenagers, because they are a functioning part of the community. They bring home facts and prejudices and influence the thinking of their family members. They are a part of the environment of the former mental patient, especially important to any within their own family group. Perhaps more important, teenagers are the contemporaries of the young person who is in the process of becoming mentally ill. The most common type of mental disorder, schizophrenia, occurs most often among young adults (Coleman, 1956). If psychological factors are important in its development and/or precipitation, then undoubtedly peer relationships may play a significant role.

Research on a teenage population will complement the previous studies of adults by providing insights into the dynamic, changing aspect of the public's conception. That is, it will focus on the developing character of this conception by studying those who are about to bring their ideas into the adult community. In this way a study of teenagers will be a forecast of things to come and will aid the mental health educator in working with the ever changing conceptions in his field. Furthermore, this research might take on special significance if other experiments on trying to change adult attitudes toward mental illness turn out as negatively as the recent one of Cumming and Cumming (1957). It might in the future be concluded that the most efficient way to develop a more sophisticated public conception of mental illness is to concentrate most on the young person in school. In any case high school teachers and textbook writers (Engle, 1957) should find helpful information in this study for presenting the facts of mental illness to young people.

A final aspect of this research that is important to note is that it will be based upon an exceedingly adequate sampling procedure. Some of even the more recent studies in this field (Rose, 1957; Nunnally, 1957) have been severely handicapped by small and biased samples. Generalization will be far more justified in the present study.

CHAPTER II

SURVEY OF THE LITERATURE

Research on the public's attitudes and information concerning mental illness is of relatively recent origin. The first study reported in the literature was in 1943 and a smattering of studies followed in the next ten years. Naturally these first steps were difficult ones and the methods employed were far less than adequate by present-day standards. It has been only within the past several years that broad and sophisticated research projects have been undertaken. Several of these are still in progress and only preliminary results are available.

The following survey will attempt to summarize as briefly as possible the pertinent results of studies of the public's conception of mental illness. Most of these projects are of a survey type and thus present a wealth of results. To reduce these results to brief form it will be necessary to include and exclude data quite arbitrarily. In general, particular projects and parts of projects will be emphasized that seem most relevant to the present study and/or seem to be of major significance to this general area of research. For more details on these projects the reader may refer to the original sources.

The first published study (Allen, 1943) was informal in nature and sought to determine what the term "mental hygiene" meant to a group of community leaders in Dallas, Texas. No mention is made of the number of individuals, how they were chosen or contacted, or anything else about them except some of the occupations represented. Only about one in three would venture a definition of mental hygiene, the others confessing that they had never thought about it or giving very indirect answers. Those who expressed unfavorable attitudes toward mental hygiene appeared to find fault with certain practices or attitudes of mental hygienists or to have had unpleasant experiences in relation to this field. Almost every person felt that his or her profession needed better training in mental hygiene.

A much more formal study was reported in two articles by Ramsey and Seipp (1948a,b) and one by Ramsey (1949). A total of 345 adults were interviewed using a structured questionnaire of ten items. The sample was drawn by a quota controlled method in Trenton, New Jersey, and differed from the population slightly in terms of higher educational level, upper occupational groups, and Protestant faith. A general question about the causes of mental illness was asked with multiple responses allowed. Eighty percent mentioned emotional difficulties such as worry and nervousness; 33 percent thought of environmental factors like social or economic difficulties; 24 percent mentioned behavioral problems such as alcoholism or sexual deviation; and 24 percent responded that physical factors were important. Other items in the questionnaire dealt with specific issues. One in five felt that insanity was related to God's punishment for some sin or wrong-doing. More than one-half gavo an affirmative or qualified affirmative answer to questions of whether insanity is inherited and whether being around the insane might lead people to become odd or strange themselves. Religious affiliation was not associated with any significant differences but slight age and sex differences did occur. Education and occupation were quite closely related in a positive way to sophisticated attitudes.

Redlich (1950) used a structured questionnaire and sentence completion device with 750 people in attendance at public lectures given by psychiatrists. The sample was very heavily weighted with middle class women. He found that attitudes toward psychiatrists are often strong and negative; that heredity and brain disease are postulated as having a quite significant role in the etiology of mental illness; that the nature of psychotherapy seems unclear but that indications for psychotherapy were adequately recognized; and that the term "mental hygiene" is quite misunderstood. The author suggests the possibility of using mental health or prevention of mental illness instead.

Tabackman (1951) used a short, open-end interview to study an area sample of 285 adults in St. Louis, Missouri. Using three personality descriptions he found that the aggressive psychotic is recognized by the majority as mentally ill but the withdrawn psychotic and the neurotic are not. The great majority thought that in all three, change could be accomplished. Most often the recommendation was for professional help—by ministers slightly more than doctors. Most respondents knew of at least one local treatment facility and most felt that conditions in mental hospitals were good. About one-half of the sample thought that people receiving psychiatric attention should tell others about it but half of these said to tell only intimate friends. Several questions indicated that the mentally ill were looked upon with fear and suspicion even after being released from the hospital as cured.

Roper (1950) conducted the first large scale study. The results are also reported by Woodward (1951) and in a popular magazine by Maisel (1951). Four thousand interviews of about 45 minutes each were completed by trained interviewers. The sample was selected to be representative of the entire city in terms of age (18 and over), income and educational levels, race, and sex. The city of Louisville, Kentucky, was chosen because it was thought to be fairly representative of the nation as a whole due to its geographical position, range of education, race, and religion among its citizens, and the available facilities for the care of the mentally ill. In addition to the general sample, four special occupation groups were focused upon: physicians, lawyers, clergymen, and teachers. The opinions of these groups were thought to be particularly influential and to merit detailed consideration.

In general this sample expressed a quite favorable attitude toward psychiatry in terms of an 8 to 1 acceptance of the statement "It is always worthwhile to get a psychiatrist's help when someone begins to act queerly or get strange ideas." However, the design of the study also included the presentation of four descriptions of mentally disturbed individuals. These consisted of a violent paranoid, an acute suicidal depression, a schizoid, and a juvenile delinquent. There was a gross failure to recognize these persons as having serious symptoms. The suggested type of treatment for them was usually non-medical such as "a talking to by family and friends" or having more social contacts. Twenty-two percent of the respondents indicated that they believed most mental hospitals treat their patients very badly. They endorsed by a 5 to 3 margin the idea that the experts cannot often agree whether a person is mentally ill enough to be put in a mental hospital or not and split about evenly on whether they would tell friends about a family member that was mentally ill.

In regard to the special occupational groups it was found that general physicians, teachers, and clergymen were consistently more positive toward psychiatry than the general public. Unfortunately this was not true at all for the lawyers who at times were less positive than the general public and were consistently less than the other professionals. The authors concluded that the lawyers represent a minor stronghold of reaction against psychiatry.

Redlich, Hollingshead, and Bellis (1955) and Hollingshead and Redlich (1958) report on an extensive study of the community of New Haven, Connecticut. It focuses on two questions: Is the etiology of mental illness related to social class and is the treatment received by a mentally ill person related to his social status? To answer these questions they studied the social structure of the community and its psychiatric patients, institutions, and practitioners. The two major questions were answered resoundingly in the affirmative by the data assembled.

One part of the study concerned attitudes toward mental illness and treatment and thus is of direct relevance to the present study. In measuring or estimating attitudes, Hollingshead and Redlich placed great emphasis upon inferring attitudes from actual behavior and only slightly on asking questions. This, naturally, has advantages but also involves a good deal of impressionistic and interpretative work.

It was observed that persons in the higher social classes generally hold more favorable attitudes toward psychiatrists than those in the lower classes. Twenty percent of class I (highest) said they would be willing to go to a psychiatrist for some emotional problem, but less than one percent in class V (lowest) indicated that they would. Seven out of eight in class I but only one in 16 in class V knew that psychiatrists hold an M.D. degree. The intervening classes occupy positions between these extremes on both questions.

In regard to mentally ill family members only the class I individuals tended to accept the fact without feeling a need for secrecy. But the reason found for concealing mental illness was quite different in the different classes. The lowest (class V) reacted against telling others by reason of disliking prying and snooping. Class IV reacted with shame—what will the neighbors think? In classes III and II the individuals justified secrecy in terms of how it would affect children and chances of getting ahead in the world. In general, from the lower to the higher classes the response changes from fear and resentment to shame and guilt. These attitudes greatly affect the behavior toward the former mental patient. As would be expected, the higher the class level the higher the acceptance of ex-patients back into the family.

The classes differed greatly in their explanation of mental illness and their reason for a person being in psychotherapy. The majority of the upper two classes were able to accept a psychogenic explanation, but this became less and less true going down the other classes. In class V, three out of four present somatic explanations such as bad blood or a bump on the head. They feel a need for only "pills and needles" along with some sympathy. These results were discussed in terms of the challenge they present for psychiatry and the psychotherapist.

The National Opinion Research Center at the University of Chicago has almost completed the most ambitious project in this field. The study's director is Shirley Star and there have been three partial reports of its progress (Star, 1955 and 1957; Proceedings of the Twelfth Annual Conference on Public Opinion Research, 1957). The study has been in progress for over ten years and a book reporting its results, entitled The Dilemmas of Mental Illness, is soon to be published. The goals of the research were, first, to describe in some detail the characteristic ideas about mental illness current in our society and, second, to explain, in so far as possible, the reasons why popular conceptions of mental illness take the form they do. The study is based on 3,500 intensive interviews of about an hour and a half duration with a representative cross-section of the American public. The interviews were assembled for analysis by using a complex system of codes. The following summary is based only on the partial reports.

The results indicate that most people are aware of the existence and area of concern of the field of psychiatry but upon analysis feel quite indifferent to it. Psychiatry was seen as remote and of having little relevance to the respondents. A set of six character sketches was presented of individuals whose pattern of behavior would be classified as mental illness by psychiatrists. These varied from neurotic to overt psychosis. To the general public, however, only the violently psychotic were thought to be mentally ill. Star feels that this is related to the fact that the "core-culture" looks at human nature as having rationality and the ability to exercise self-control, and that anything that does not contain these elements must be rather extreme behavior.

In another part of the study indices were developed to measure what the researchers considered to be the three fundamental premises of psychiatric thinking. These were 1) the acceptance of the idea of the continuum between normal and abnormal behavior, 2) the acceptance of early experience rather than immediate stimuli as the ultimate causes of characteristic emotional patterns, and 3) the rejection of will power and appeals to reason as the basis for modifying characteristic emotional patterns. It was found that people who accepted the premises tended also to accept psychiatry, and those who rejected the premises tended to reject psychiatry. Star concludes that mental health education should first focus attention on the understanding of normal behavior. By trying to change attitudes about mental illness directly, she feels that the mental health educator throws the average person into an awkward, confusing state. The person tries to believe in conclusions which do not follow from the premises in which he believes. This is what is meant by "dilemmas of mental illness."

Cumming and Cumming (1955, 1957) have published an account of a unique experiment in mental health education. They attempted to change the attitudes toward mental illness of a small rural community by a six month intensive program of education using a multitude of techniques and to measure the effectiveness of this attempt. The results were entirely negative. Not only was there no significant change in attitude but the people of the town became hostile and openly resistant to the project. The results were interpreted in terms of the need-fulfilling functions that many negative attitudes toward mental illness have for the community. Their detailed analysis provides many insights into the role of the mentally ill in society and into the practical considerations involved in such a project. No attempt will be made to go further into the general results but rather a particular aspect of the study that is relevant to the present one will be considered in more detail.

The Cummings surveyed the attitudes of the community in two ways. First, they administered a short objective questionnaire which was composed of two Guttman-type scales. The first was designed to measure how close a relationship the respondent was prepared to tolerate with someone who has been mentally ill, and the second to measure the extent to which the respondent felt that people are responsible for the causation of mental illness. It was found that no relationship existed between scores on the two scales. Some specific findings were that 27 percent indicated that we should strongly discourage our children from marrying anyone who has been mentally ill, and 71 percent said they would not work for anyone who had been mentally ill. Two-thirds said they would feel partially responsible if a member of their family had a serious mental breakdown.

A second method of surveying the attitudes of the community toward mental illness was through an interview with a sample of 100 adults. The interview schedule used was the same one used by Shirley Star in the study reported above. The authors concluded (1955, p. 58)

> When the results of the interviews were finally processed, this paramount impression emerged: popular thinking about mental illness appeared confused and inconsistent. Conceptions of the nature, cause, and treatment of mental illness seemed hazy and frequently contradictory. In general, the people tended to regard as "normal" a much wider range of behavior than psychiatrists

> would. Behavior that would seem clearly pathological to a psychiatrist would be dismissed by many respondents as "just a quirk" or by saying "he'll get over it" or "it takes all kinds to make a world."

Several reports (Institute of Communication Research, 1955 and 1957; Nunnally, 1957) have been published on the first phase of a continuing research project on the communication of mental health information in the mass media. This phase has dealt with the knowledge and opinions of the public, of experts in the field, and that expressed in the mass media. In an extensive development of a questionnaire over 3,000 items were selected from the three areas of interest. The public's thinking was surveyed from the protocols of 200 detailed interviews, expert opinion from mental hygiene books and public information pamphlets, and media presentation from the content of a sample of various newspapers, magazines, and radio and television programs. These 3,000 statements about mental illness were then reduced on an a priori basis to 240 and administered to a sample of 349 persons in Champaign-Urbana, Illinois. On the basis of this, 180 items were selected, factor analyzed, cluster analyzed, and finally reduced to 50 items grouped into ten clusters. These 50 items were administered to another 350 subjects in Knoxville, Tennessee, and Eugene, Oregon. The items were also administered to 176 psychologists and psychiatrists, the former being all diplomates in clinical or counseling psychology and the latter members of the Group for Advancement of Psychiatry. For the media, the item clusters were used as coding categories for content analyses of 323 newspaper and 91 magazine issues, and all programs of one television station and four radio stations for one week.

This extensive development led to a variety of conclusions. Public opinions in this area are not very structured and well defined due apparently to the very little thinking done about it by the average person. This conclusion was based upon the fact that the correlations were low between the questionnaire items making the factors weakly defined, and that the mass media have a relatively low proportion of mental health content. Education was found to be positively related to sophistication in regard to mental illness and age to be quite negatively related even when education was held constant. The authors concluded that education today is of a different kind than in earlier years, and this tends to engender a more sophisticated conception of mental illness.

The comparison of public with expert opinions revealed much agreement, with most disagreement occurring in areas where the experts disagreed among themselves. Both the public and the experts agree that most of the people in mental hospitals speak in words that can be understood, that children usually do not forget about frightening experiences in a short time, and other such statements. They both preponderantly disagree with the statements that there is not much that can be done for a person who develops a mental illness, and most people who "go crazy" try to kill themselves. But on the following items the experts tend to respond in the negative while the general public tends to respond with acceptance: books on "peace of mind" prevent many persons from developing nervous breakdowns; if a person concentrates on happy memories, he will not be bothered by unpleasant things in the present; the main job of the psychiatrist is to explain to the patient the origin of his troubles.

The analysis of the mass media revealed that they are definitely not mediating between the experts and the public. Rather, they were found to present mental illness in a much less sophisticated way than even the general public believes. Usually mental illness is described in quite bizarre terms, the causes are usually either immediate environmental stress or organic, and cure is effected by a strong person who gives guidance and support.

Rose (1957) has completed the only study of teenagers' attitudes. A questionnaire designed by him was administered to 1,400 sophomores in three Minneapolis high schools. A random sample of 100 from each school was drawn from these. The sample consisted of 156 girls and 144 boys and was considered by Rose to be fairly representative of Minneapolis high school sophomores. The results were assembled in percentage form and differences between the sexes were tested for each item. The general result was that, where significant differences existed, girls showed greater knowledge and had more "desirable" attitudes about mental health and illness than did boys. For instance, girls were more likely to explain specific cases of mental illness in terms of causes rather than descriptive statements (67 versus 48 percent). When presented with specific factors and asked to check those that were sufficient in themselves to cause a nervous breakdown, 52 percent of girls but 69 percent of boys checked "too much brainwork," and 11 percent of girls but 21 percent of boys listed "sex habits." In general, girls were more likely to express or imply multiple causation than boys (53 versus 38 percent). More girls also said they would not feel differently about a mentally ill person than boys (67 versus 54 percent). The author explained these results in terms of differences in role expectations and stringency of requirements for role performance.

All of the studies reported thus far have dealt with the general topic of the public's conception of mental illness. The studies that follow are mainly concerned with particular aspects of the conception or of the public, or seem less directly related to the present study. They will be treated in more general terms than the others. Weinberg (1952, pp. 463-464) reports a study in his book that apparently he conducted himself among a group of 506 students in a coeducational college located in Chicago. These students indicated in response to a questionnaire that they overwhelmingly rejected the idea "once insane, always insane" and rejected heredity as a cause of mental illness by about 3 to 1. Eight percent said they would not recommend the hiring of a qualified person who had been released from a mental institution and one-third said they would not approve the marriage of such a person to one of their family members.

Korkes (1957) has reported on a survey of the information, opinions, and attitudes about mental illness of physicians in private practice in New Jersey. A sample of 405 general practitioners and specialists (excluding psychiatrists) were interviewed. Their information about the state mental hospital system was considered to be fairly low. Slightly more than one-fifth said they would not like to see more psychiatric facilities in their community. The vast majority felt confident of their ability to differentiate between psychosis and neurosis, and to treat the latter. In reference to causes of mental disorder, they referred most often to the tensions and anxieties which arise in the course of living. About three out of ten mentioned inherited predisposition and various physical factors. Only 18 percent made any reference to early familial experience. A rather definite trend for younger physicians to be more concerned with and sophisticated about psychiatric problems was noted, as was the trend of Jewish, Catholic, and Protestant from high to low on the same matters. Few differences were observed between physicians practicing in rural and urban areas.

Gurin (Proceedings of the Twelfth Annual Conference on Public Opinion Research, 1957) has briefly reported on the ongoing study under his direction at the Survey Research Center at the University of Michigan. One part studied the acceptance of mental health problems as illness and needing professional services rather than as defective character. A second part of his study focuses on the individual's readiness for self-referral to professional personnel for help in dealing with his problems. The study is seeking to relate these feelings to broad adjustive and defensive patterns.

Sommer and others (1958) report on an evaluation of a four-day program at a midwestern state hospital which was attended by over 2,500 visitors. A 20-item questionnaire was administered to randomly selected groups each day. The most frequently aroused feelings of the visitors were sympathy and a desire to help. They generally considered the hospital staff very favorably, saying they were friendly, easy to talk to, sympathetic and competent. The visitors reported that they had many preconceived notions about what the hospital would be like that were radically changed by the very favorable impression they received during the visit. A high percentage indicated they would be willing to do volunteer work at the hospital.

McGinnies, Lana, and Smith (1958) completed two experiments to test the hypotheses that one or more sound motion picture films would modify the opinions of the audience and that group discussion would augment this effect. Opinions were measured before and after by a 47-item questionnaire. A single film about mental health and illness did not but a series of three films did produce significant changes in the intended direction. Group discussion of the films appeared to have no particular effect on opinion change.

Klopfer, Wylie, and Hillson (1956) used an instrument developed by Souelem (1955) to measure the attitude toward mental hospitals of several groups of individuals. These included psychiatric aids, clerical employees of a mental hospital, businessmen, mental hospital patients, and high school seniors. The total N was 230. The 52 students were described as having fairly neutral attitudes but to regard the hospital as an undesirable place of employment and a place which is frightening to the patients.

CHAPTER III

METHOD

Design of the Questionnaire

After surveying the literature a pool of 450 items was accumulated. This included 240 from Nunnally (1957); 70 from an unpublished opinion scale developed at the V. A. Hospital at Montrose, New York, by Jacob Cohen and E. L. Struening (1958); 41 items from Cumming and Cumming (1957); about 30 items derived from Redlick (1950), Rose (1958), Ramsey (1948), Roper (1950), and an interview schedule developed by Star which is reproduced in Cumming and Cumming (1957). A number of items were written on the basis of a section on misconceptions about mental illness presented in Coleman (1956, pp. 10-14), and some were selected from an unpublished attitude scale developed at the state hospital in Larned, Kansas. A few were taken from previous polls of the Purdue Opinion Panel and the rest were written by the author on the basis of general reading in the field.

The original questions about mental illness which the author judged to be significant and desirable to investigate were:

1. How can a developing mental illness be recognized?
2. What can the individual do to avoid becoming mentally ill?
3. What can society do to reduce the incidence of mental illness?
4. What kind of treatment should be given the mentally ill?
5. What are the characteristics of the mental hospital?
6. What are the characteristics of mental hospital patients?
7. What are the characteristics of mental hospital personnel?
8. What are the characteristics of ex-mental hospital patients?
9. What is related to the etiology of mental illness?

After each item was typed on a card, an attempt was made to sort them into the above nine categories. Categories 2 and 3 could hardly be distinguished from category 9 and thus were eliminated. Category 9 had a very large number of items and an attempt was made to classify these into sub-groups. Further reflection suggested others. At this point the categories included attitudes toward:

1. the symptoms of mental illness
2. the treatment of mental illness
3. the incidence of mental illness
4. mental hospital personnel
5. mental hospitals
6. mental hospital patients
7. mental hospital ex-patients
8. the etiology of mental illness
    a. heredity
    b. physical ill-health
    c. sex practices
    d. intelligence
    e. childhood experiences
    f. immediate environmental stress
    g. sin
    h. sex differences
    i. multiple versus simple causation
    j. thought avoidance
    k. personality dynamics

Further analysis, consultation with professors, and re-reading of Star (1955, 1957) resulted in several changes. Category 1 (symptoms) was reduced to the idea of the normal-abnormal continuum. Several character sketches used by Star and reproduced in Cumming and Cumming (1957) were used to measure recognition of mental illness. Attitude toward treatment was changed to attitude toward prognosis. The etiology category was reduced to the importance of childhood, will power, organic factors, and miscellaneous. Thus the remaining categories were

1. The mental hospital.
2. Mental hospital personnel.

3. The mental hospital patient.
4. The former mental hospital patient.
5. Recognition of mental illness.
6. The prognosis of mental illness.
7. The normal-abnormal continuum.
8. The importance of childhood.
9. The importance of will power.
10. The importance of organic factors.
11. The importance of miscellaneous factors.

The number of items at this point was 132. These, listed under their category, were submitted to a panel of experts for evaluation. The panel included two diplomates in clinical psychology, one psychiatrist, and three professors of psychology who are experts in test construction. Each of these individuals was asked to do the following: 1) evaluate each item for relevance (what teenagers think about mental illness) and importance (to the mental health educator); 2) indicate any item that was not representative of the category in which it had been placed; and 3) give their general evaluation of the item categories as to relevance and comprehensiveness of coverage. The latter evaluation was generally quite positive, and little change was made except to drop out the recognition of mental illness category. Primarily on the basis of the board of experts' judgments the number of items was reduced to 78. Involved also was a fairly extensive editing of the item wording by the associate editor of the Purdue Opinion Panel, who has had wide experience in writing items for high school samples.

These 78 items constituted the semi-final revision. A four category response arrangement was used as is usual by the Purdue Opinion Panel. These are (with the exception of one item):

Agree
Undecided; probably agree
Undecided; probably disagree
Disagree

These 78 plus several items on personal data information were pre-tested on a sample of 100 students in a semi-rural school near Lafayette, Indiana. The format of the questionnaire, the method of recording answers, and the administration procedure were the same as for other regular polls. In addition the students were given a blank sheet of paper and asked to write any comments or criticisms about the items that they felt appropriate. The frequency of each response for each item was computed. Items were eliminated that almost all students had answered in the same way, that formed reversals within an item category, or for other reasons. The comments that the students made were also considered in this process of eliminating items. This revision of the questionnaire contained 60 items plus the personal data information. The item categories and the number of items in each are as follows;

1. The prognosis of mental illness (4).
2. The normal-abnormal continuum (6).
3. The importance of will power (5).
4. The importance of organic factors (6).
5. The importance of childhood (5).
6. The mental hospital (7).
7. Mental hospital personnel (6).
8. The mental hospital patient (7).
9. The former mental hospital patient (7).
10. Miscellaneous aspects of mental illness (7).

During the final revising of the questionnaire it was attempted to choose and state items in such a way that within any given item category there would be a reasonable balance of agree and disagree as "correct" responses. It was hoped that this would minimize the effect of acquiescent response set. The arrangement of the items in the final form of the questionnaire was randomly determined but with the items dealing with the nature of mental illness (categories 1, 2, 3, 4, 5, and 10) being placed before those dealing with the mental hospital (categories 6, 7, 8, and 9). It was hoped that this arrangement would allow teenagers to think in broader terms about the nature of mental illness rather than strictly in terms of psychosis.

Administration of the Questionnaire

The questionnaire* developed above was administered to a national sample of high school students in April of 1959 through the facilities of the Purdue Opinion Panel. This organization has been conducting research on the attitudes and information of teenagers in the United States since 1941. A recent book (Remmers and Radler, 1957) has summarized the results of its first 15 years of operation. Its general rationale and method have been described by Remmers (1945, 1954), its founder and director. Only a brief description of the polling procedure is presented below, and for more detail the reader may refer to Horton (1955).

At the beginning of each school year, a number of schools are invited to participate in the Purdue Opinion Panel. These are randomly selected from the National Directory of Secondary Schools (Rice 1952), with the number of selected schools stratified by geographic region and size of city in proportion to the desired number of schools for a representative sample. No more than one-third of the schools participating in any year are renewals from the previous year. This turnover in schools prevents "panelitis," the non-representativeness of the sample due to continuous polling of the same individuals who become sensitized to the polling issues. The 1958-59 Panel contained about 90 schools* and 15,000 pupils.

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* See Appendix A for a copy of the questionnaire.

The questionnaires are mailed to the schools along with precise instructions for administration by the teachers. Thus the conditions of administration are controlled and similar in all schools. Each participating pupil is given a questionnaire and a special IBM mark-sensing card on which he marks his responses. The use of mark-sense cards in opinion polling has been described by Gage and Remmers (1948). The students remain anonymous in responding to the questionnaire. When the cards are returned to Purdue University's Division of Educational Reference, each is checked to see that it has been marked in such a way that the marks can be picked up by the IBM data processing machine and converted to punched holes. Those that do not pass this check have their marks blackened more adequately.

The Sample of Subjects

For the detailed analyses only a part of the total return is used. The poll report of the national sample and the analyses performed for this dissertation were completed on a sample of 2,000 students, except in one instance which will be noted. To insure representativeness, the sample was stratified on sex of respondent, geographic region, grade in school, and rural-urban community but strictly randomized from the total return with respect to all other characteristics. The proportion to be included for each stratification cell is determined from the U. S. Census (1953) and the Biennial Survey of Education (1954). But within each cell the pupils are randomly selected, thus yielding a stratified-random sample.

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* See Appendix B for the names and locations of the schools participating in Poll 56.

The composition of the sample used in this study is presented in Table 1. It can be seen that the sample differs only slightly from data available for the total high school population. It may be noted that a few ninth graders are included in the grade 10 category. Rural-urban are defined by using 2,500 people as the differentiating point. In regard to region, East includes only northeast with Pennsylvania being most southerly and westerly; South includes southeast and southwest; and Midwest extends as far west as Kansas and Nebraska.

In addition to the stratification variables, two other classifications of the sample are presented for which no census data are available. These, of course, were based upon random sampling. One is religion, where it should be noted that the "other" category includes mostly deviant sects but also includes those who indicate no religious affiliation. Income level is estimated from the "House-Home Scale" (item 5 of the questionnaire—see Appendix A) which is adapted from the Kerr-Remmers American Home Scale#

Published by Psychometric Affiliates, Chicago, Illinois.

Table 1

Composition of the Sample (N = 2,000)

	Percent in this Sample	Percent in Total High School Population*
Sex		
Male	48.8	48.8
Female	51.2	51.2
Grade in School		
10	41.8	39.7
11	30.9	32.8
12	27.3	27.5
Community		
Rural	35.9	35.9
Urban	64.1	64.1
Region		
East	23.4	23.4
Midwest	30.1	30.1
South	32.0	32.0
West	14.5	14.5
Religion		
Protestant	67.5	Data Not Available
Catholic	20.5	
Jewish	2.5	
Other	9.5	
Income		
Low	12.3	Data Not Available
Medium	56.8	
High	30.9	

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* From the U. S. Census (1953) and the Biennial Survey of Education (1954).

(Remmers and Kirk, 1953). The divisions were arbitrary and included "low" as none, one, or two items checked, "medium" as three or four items checked, and "high" as five or six items checked. It may be noted here that several other variables were measured but were not used in the analysis of the data. This includes a subjective self-estimate of social status developed by Heath (1958). The latter was not used because only 58 percent filled out these items correctly.

Procedure of Data Analysis

It should be noted that the national report* of the Purdue Opinion Panel is based upon the same 2,000 pupil sample as the further analyses of this dissertation. It contains the percentage response to each item across all classifications and for all four response categories. However, all calculations in this dissertation are based upon dichotomization of the responses into agree and disagree. That is, the "Agree" category includes the "Undecided, probably agree" response and the "Disagree" category includes the "Undecided, probably disagree" response.

The responses to each item were re-coded as either "correct" or "incorrect" and given a numerical value of 1 or 0 respectively. The "correctness" or "incorrectness" was based upon the support or nonsupport a response lent to the particular item category. For the miscellaneous items it was dependent on the "rightness" or "wrongness" of the response as determined by the author and two other Ph.D. candidates in psychology, who agreed 100 percent. The item categories were scored, thus giving each individual in the sample a score on each of the nine item categories. Also each individual, naturally, had a score of 1 or 0 on each of the seven miscellaneous items.

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* See Appendix C for the national report of Poll 56.

To determine empirically how the item categories "held together," internal consistency coefficients will be computed using formula 20 developed by Kuder and Richardson (1937). Also the intercorrelations of the item categories will be computed to estimate their overlap or interdependence. This correlational analysis will be based on a random sample of 500 pupils and will involve the computation of Pearson coefficients.

The item category responses will be analyzed in two ways. First, the percent of the total sample responding "correctly" to each item will be computed. Second, each item category will be analyzed across the six sub-classification categories to estimate differences within the various sub-groups of the sample. Before the latter analysis the homogeneity of variance assumption will be checked by the use of Bartlett's chi-square test (Walker and Lev, 1953, pp. 193-194). For those that do not meet the homogeneity of variance assumption the Welsh (1951) test will be made. In those where homogeneity of variance can be assumed on the basis of the Bartlett test a single classification analysis of variance will be completed. Significance will be reported at the .01 and .05 levels.

The responses to the miscellaneous items will similarly be analyzed in two ways. First, the percentage of "correct" response to the item will be computed. Second, differences will be computed across the six personal data classifications for each item. The method of analysis will be regular chi-square technique. Significance again will be reported at the .01 and .05 levels.

Throughout the statistical analyses, reference was made to the general texts of Guilford (1956) and Walker and Lev (1953). All computations done on the desk calculators were completed independently by two operators in order to reduce the possibility of error.

CHAPTER IV

RESULTS

Characteristics of the Item Categories

The responses of the stratified-random sample of 2,000 students were first analyzed to estimate the internal consistency of the item categories. The object of this analysis is to obtain an empirical index of the amount of error involved in summing the items of a particular category and discussing the results in terms of the conceptual variable which the category is designed to measure. The Kuder-Richardson formula 20 internal consistency coefficients are presented in Table 2. It is evident that the coefficients are not high but most are reasonable for a priori categories. Certainly they indicate that most of the categories "hold together" enough to be useful in talking about the public's conception of mental illness. However, two of the internal consistencies are quite low. These are for the categories of the importance of will power and the importance of organic factors. Several possible courses of action were considered at this point. It was decided to drop those two categories from further analysis but to retain several of their items as part of the

Table 2

Internal Consistencies and Intercorrelations of the Item Categories

		Internal Consistencies
1.	The prognosis of mental illness	.50
2.	The normal-abnormal continuum	.36
3.	The importance of will power	.05
4.	The importance of organic factors	.09
5.	The importance of childhood	.36
6.	The mental hospital	.48
7.	Mental hospital personnel	.67
8.	The mental hospital patient	.47
9.	The former mental patient	.55

Intercorrelations (see above for names of categories)

	2	5	6	7	8	9
1.	.35	-.04	.26	.36	.35	.37
2.		.08	.20	.27	.35	.37
5.			.01	.04	.00	-.03
6.				.50	.44	.53
7.					.49	.47
8.						.56

Table 2 (continued)

Intercorrelations corrected for attenuation

	2	5	6	7	8	9
1.	.83	-.10	.53	.60	.73	.71
2.		.22	.48	.55	.85	.84
5.			.02	.08	.00	-.07
6.				.86	.94	>1.00
7.					.88	.77
8.						>1.00

miscellaneous category. The three items retained were thought to be "core" items which were central in defining the category. By this procedure it was felt that the conceptual variable which the category was designed to measure would still be partially covered by the research. The rest of the analyses were performed on the remaining 52 items divided into seven categories and ten miscellaneous items.

The next step was to determine whether each of the item categories was measuring something distinct. The intercorrelations of the seven categories were computed from a random sample of 500 cases and are also presented in Table 2. That these coefficients are as high as they are supports the conclusion made above that the categories are measuring something reliably. But their size in relation to the size of the internal consistency coefficients suggests that if the measurement of the categories were perfectly reliable, the intercorrelations might be much higher. In the third section of Table 2 are presented the intercorrelations corrected for attenuation (Guilford, 1956, p. 476-478). These coefficients are obviously quite high and may be interpreted to indicate that there is a great deal of overlap among the categories.

This result may be attributed to a lack of structure in public attitudes toward mental illness as found by Nunnally (1957) after extensive item development and factor analysis. However, it should be carefully noted that the item categories in this study were not designed necessarily to reflect dimensions of the teenager's conception. Rather, they are considered to be aspects of mental illness about which the experts would like to know the public's opinions. Therefore, the distinctiveness of the categories from the public's point of view is not crucial. For the same reason the internal consistencies need only be high enough for the practical matter of group prediction, which most of them appear to be. The fact, to be discussed presently, that many significant differences occur between sub-groups on these categories gives added support to their usefulness.

Analysis of the Item Categories

Before using the technique of analysis of variance it was necessary to test the assumption of homogeneity of variance. Forty-two tests were made using Bartlett's chi^2 method and fifteen proved to be significant at the .05 level. For the latter groups the Welsh test was performed and the result compared to the tabled values of the F distribution and are indicated as F'. In one case the number of classifications was two and the appropriate test was "student's t" and this is indicated as t' in the tabular presentation.

The Prognosis of Mental Illness

Table 3 presents the results of this analysis. The great majority of teenagers say that they are quite optimistic about the possibility of a mentally ill person being treated in the mental hospital and getting well. The response to the individual items shows that teenagers expect more from the mental hospital than custodial care. Yet one-third feel there is still very little we can do to cure mental illness.

The tests of significance presented in Table 3 indicate that statistically significant differences exist between religious groups, income levels, and persons living in rural or urban communities. Inspection of the means of these groups, which are also presented in Table 3, indicates that persons in the low socio-economic classification respond in a less optimistic way about the prognosis of mental illness than do those in the medium or high classification. Southern students are also more pessimistic about this issue and to a slight, though statistically significant, degree so are students from rural communities.

The Normal-Abnormal Continuum

The results for this category are presented in Table 4. The question posed by this category is whether there are distinct differences between what is termed "normal" and "abnormal." Apparently most young people

Table 3

Analyses of the Prognosis of Mental Illness Category*

The items and percent correct response

Item		Correct	Percent
23	Only a few of the patients in mental hospitals are able to return to work in society.	Disagree	69
32	With proper care, most mental patients would get well enough to live outside the hospital.	Agree	88
37	In spite of our best efforts there is still very little we can do to cure mental illness.	Disagree	65
43	There is little that can be done for patients in a mental hospital except to see that they are comfortable and well fed.	Disagree	86

Mean and tests of significance for sub-groups

Sex

	N	Mean	Source	df	MS	F
Boys	976	3.03	Between	1	2.58	2.43
Girls	1,023	3.10	Within	1,997	1.06	
			Total	1,998		

Grade

	N	Mean	Source	df	MS	F
10th	835	3.05	Between	2	.52	<1.00
11th	618	3.06	Within	1,996	1.06	
12th	546	3.10	Total	1,998		

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* In the following tables the .05 level will be designated by a single asterisk (*) and the .01 level by a double asterisk (**).

7

Table 3 (continued)

Religion

	N	Mean	W	C	X'^2	F'
Protestant	1,348	3.09	1,315.25	3.02	4.36	1.44
Catholic	411	3.07	372.72			
Jewish	50	2.72	27.82		(df = 194)	
Other	190	3.02	183.29			

Socio-Economic

	N	Mean	Source	df	MS	F
Low	245	2.71	Between	2	18.57	17.76^{**}
Middle	1,136	3.13	Within	1,996	1.04	
High	618	3.10	Total	1,998		

Region

	N	Mean	W	C	X'^2	F'
East	468	3.19	519.54	3.00	14.66	4.88^{**}
Midwest	583	3.13	553.03			
South	640	2.89	542.46		(df = 980)	
West	308	3.13	311.52			

Community

	N	Mean	Source	df	MS	F
Rural	657	3.00	Between	1	4.80	4.53^{*}
Urban	1,342	3.10	Within	1,997	1.06	
			Total	1,998		

Table 4

Analyses of the Normal-Abnormal Continuum Category

The items and percent correct response

Item		Correct	Percent
13	All of us show symptoms of mental illness at one time or another.	Agree	60
16	Regardless of how you look at it, patients with severe mental illness are no longer really human.	Disagree	88
18	Patients in mental hospitals in many ways act like "normal" people.	Agree	86
24	Many patients in mental hospitals are capable of skilled labor, even though in some ways they are very ill mentally.	Agree	88
25	There is something about mental patients that makes it easy to tell them from normal people.	Disagree	49
26	There is a sharp dividing line between "normal" and "abnormal" behavior.	Disagree	52

Means and tests of significance for sub-groups

Sex

	N	Mean	Source	df	MS	F
Boys	976	4.17	Between	1	3.35	2.19
Girls	1,023	4.26	Within	1,997	1.53	
			Total	1,998		

Grade

	N	Mean	Source	df	MS	F
10th	835	4.17	Between	2	.33	<1.00
11th	618	4.22	Within	1,996	1.54	
12th	546	4.24	Total	1,998		

Table 4 (continued)

Religion

	N	Mean	Source	df	MS	F
Protestant	1,348	4.20	Between	3	2.46	1.61
Catholic	411	4.28	Within	1,995	1.53	
Jewish	50	4.48	Total	1,998		
Other	190	4.11				

Socio-Economic

	N	Mean	Source	df	MS	F
Low	245	3.83	Between	2	23.17	15.31**
Middle	1,136	4.23	Within	1,996	1.51	
High	618	4.34	Total	1,998		

Region

	N	Mean	Source	df	MS	F
East	468	4.29	Between	3	29.46	19.73**
Midwest	583	4.37	Within	1,995	1.49	
South	640	3.92	Total	1,998		
West	308	4.43				

Community

	N	Mean	Source	df	MS	F
Rural	657	4.12	Between	1	8.71	5.69*
Urban	1,342	4.26	Within	1,997	1.53	
			Total	1,998		

reject the idea of an extreme difference but see mental illness as a matter of degree. Sixty percent went so far as to say that "all of us show symptoms of mental illness at one time or another." They strongly reject the idea that there is something not quite human about mental patients, and strongly support the view that patients in many ways act like "normal" people and may be capable of skilled labor. A note of caution must be made, however, because there was an almost even split on two direct questions (numbers 25 and 26) about there being distinct differences between normal and abnormal.

Again significant differences occur among social classes, regions, and communities. Persons in the lower social class, those in the South, and to a lesser degree those in rural communities express less acceptance of the normal-abnormal continuum than do their respective comparison groups.

The Importance of Childhood

The results for this category are in Table 5. Today's youth seem to be very middle-of-the-road, or perhaps uncertain, about the influence of childhood experience on the development of mental illness. Only one-third say that most emotional difficulties of adults begin before or during grade school. They split evenly on whether there would be less mental illness if parents loved their children more, and less than half said that most mental

Table 5

Analyses of the Importance of Childhood Category

The items and percent correct response

Item		Correct	Percent
12	If parents loved their children more, there would be less mental illness.	Agree	50
19	All those who take part in a child's training in early life are partially responsible for a mental illness which develops at a later age.	Agree	39
27	Very few mental disorders have their beginnings in childhood.	Disagree	63
30	Most mental patients come from homes where the parents took little interest in their children.	Agree	42
42	Most emotional difficulties of adults begin 1) before grade school during grade school 2) during high school after high school	1	30

Means and tests of significance for sub-groups

Sex

	N	Mean	Source	df	MS	F
Boys	976	2.25	Between	1	.73	<1.00
Girls	1,023	2.29	Within	1,997	1.65	
			Total	1,998		

Grade

	N	Mean	Source	df	MS	F
10th	835	2.23	Between	2	1.46	<1.00
11th	618	2.30	Within	1,996	1.65	
12th	546	2.31	Total	1,998		

Table 5 (continued)

Religion

	N	Mean	Source	df	MS	F
Protestant	1,348	2.27	Between	3	3.49	2.12
Catholic	411	2.20	Within	1,995	1.65	
Jewish	50	2.66	Total	1,998		
Other	190	2.34				

Socio-Economic

	N	Mean	W	C	X'^2	F'
Low	245	2.04	184.22	2.00	12.04	6.02**
Middle	1,136	2.28	684.92			
High	618	2.35	354.76		(df = 684)	

Region

	N	Mean	Source	df	MS	F
East	468	2.26	Between	3	7.40	4.51**
Midwest	583	2.42	Within	1,995	1.64	
South	640	2.16	Total	1,998		
West	308	2.25				

Community

	N	Mean	Source	df	MS	F
Rural	657	2.23	Between	1	1.55	<1.00
Urban	1,342	2.29	Within	1,997	1.65	
			Total	1,998		

patients come from homes where the parents took little interest in their children. Students from the Midwest seem more acceptant of childhood influences while those in the South and those of the lower social class accept the view less strongly.

The Mental Hospital

Table 6 indicates that about seven out of ten teenagers verbalize a quite high regard for the mental hospital. Exactly two-thirds say they would not mind working in one for a summer! Only a few think mental hospitals treat their patients very badly or would be opposed to having one near their home town. On the other hand, some perceive the hospital as threatening and dangerous. Almost one-third say every mental hospital should be surrounded by a high fence and guards. Only two-thirds disagree with the statement "our mental hospitals seem more like prisons than places where mentally ill people can be cured." A fairly distinct sex difference appears here with girls indicating more positive attitudes toward the hospital. Students from the lower social class respond with a much less favorable attitude toward the hospital. No significant differences were found between regions of the country.

Table 6

Analyses of the Mental Hospital Category

The items and percent correct response

Item		Correct	Percent
45	I would not be opposed to having a mental hospital near my home town.	Agree	78
51	I wouldn't mind working in a mental hospital for a summer (assuming the pay were similar to what I could get elsewhere.)	Agree	66
52	Mental hospitals are excellently run and very helpful for mental patients.	Agree	75
55	Most hospitals for the mentally ill treat their patients very badly.	Disagree	86
59	Every mental hospital should be surrounded by a high fence and guards.	Disagree	71
63	It would not be wise to bring up your family in a town in which a mental hospital was located.	Disagree	87
65	Our mental hospitals seem more like prisons than like places where mentally ill people can be cured.	Disagree	62

Means and tests of significance for sub-groups

Sex

	N	Mean	Source	df	MS	F
Boys	976	5.11	Between	1	33.18	15.61**
Girls	1,023	5.37	Within	1,997	2.13	
			Total	1,998		

Table 6 (continued)

Grade

	N	Mean	Source	df	MS	F
10th	835	5.29	Between	2	1.33	<1.00
11th	618	5.21	Within	1,996	2.14	
12th	546	5.22	Total	1,998		

Religion

	N	Mean	W	C	X'^2	F'
Protestant	1,348	5.27	660.27	3.02	2.47	<1.00
Catholic	411	5.21	178.62			
Jewish	50	4.90	15.08			(df = 194)
Other	190	5.22	86.59			

Socio-Economic

	N	Mean	W	C	X'^2	F'
Low	245	4.86	90.40	2.00	16.48	8.23**
Middle	1,136	5.32	561.54			
High	618	5.26	298.34			(df = 620)

Region

	N	Mean	W	C	X'^2	F'
East	468	5.22	191.42	3.00	4.08	1.36
Midwest	583	5.32	282.98			
South	640	5.17	298.56			(df = 980)
West	308	5.31	169.05			

Community

	N	Mean	Source	df	MS	F
Rural	657	5.24	Between	1	.03	<1.00
Urban	1,342	5.25	Within	1,997	2.14	
			Total	1,998		

Mental Hospital Personnel

American youth gave its most favorable evaluation to mental hospital personnel. Table 7 shows that only 10 to 15 percent were able to see any negative aspects at all. The idea that such personnel go into their field because of their own emotional difficulties was soundly rejected. So were the ideas that mental hospital employees are not friendly and that their work is easy. More significant differences across the personal data classifications were found for this category than any other. Girls tended to say they regarded mental hospital employees more highly than did boys. The twelfth graders expressed more favorable attitudes than the tenth or eleventh graders but the difference was slight though statistically significant. One of the most surprising differences occurred here in regard to religious groups. The Jewish students expressed a good deal less favorable opinion of mental hospital personnel than did students of other faiths. Again pupils of lower socio-economic level and those from the South responded with less positive attitudes.

The Mental Hospital Patient

Table 8 indicates that there is great variability in what the teenager says about the mental hospital patient. Nine out of ten say he is not a disgrace to his family but only six in ten indicate they would tell other people about it if a member of their family were a patient in a mental

Table 7

Analyses of Mental Hospital Personnel Category

The items and percent correct response

Item		Correct	Percent
46	Most of the people who work in mental hospitals do so because the job is so easy.	Disagree	91
54	People who work in mental hospitals are usually sound, stable citizens.	Agree	87
56	I wouldn't expect the employees of a mental hospital to be very friendly.	Disagree	83
61	People who work in mental hospitals need to be a bit mentally unbalanced themselves to work with their patients.	Disagree	89
62	If I owned an apartment house, I would be willing to rent an apartment to a mental hospital employee.	Agree	89
69	Most mental hospital personnel go into their field because of their own emotional difficulties.	Disagree	83

Means and tests of significance for sub-groups

Sex

	N	Mean	t'	
Male	976	5.08	3.99**	
Female	1,023	5.30		(df = 1,950)

Grade

	N	Mean	W	C	X'^{2}	F'
10th	835	5.13	488.02	2.00	7.94	3.97*
11th	618	5.17	416.67			
12th	546	5.31	427.36		(df = 1,270)	

Table 7 (continued)

Religion

	N	Mean	W	C	X'^2	F'
Protestant	1,348	5.25	962.86	3.02	11.90	3.94**
Catholic	411	5.14	273.07			
Jewish	50	4.52	13.14		(df = 192)	
Other	190	5.05	109.66			

Socio-Economic

	N	Mean	W	C	X'^2	F'
Low	245	4.64	108.56	2.00	42.24	21.10**
Middle	1,136	5.30	889.10			
High	618	5.21	397.50		(df = 606)	

Region

	N	Mean	W	C	X'^2	F'
East	468	5.18	274.50	3.00	25.15	8.37**
Midwest	583	5.31	419.06			
South	640	5.01	398.26		(df = 980)	
West	308	5.35	248.55			

Community

	N	Mean	Source	df	MS	F
Rural	657	5.14	Between	1	2.55	1.67
Urban	1,342	5.22	Within	1,997	1.52	
			Total	1,998		

Table 8

Analyses of the Mental Hospital Patient Category

The items and percent correct response

Item		Correct	Percent
48	If a member of my family were a patient in a mental hospital, I wouldn't tell other people about it.	Disagree	61
50	Most of the people in mental hospitals speak in words that cannot be understood.	Disagree	79
53	Very few of the people in mental hospitals are likely to commit violent acts.	Agree	54
57	People who become mentally ill are a disgrace to their family.	Disagree	90
64	Most of the insane have little regard for their own safety.	Disagree	37
67	Most patients in mental hospitals are not dangerous.	Agree	69
71	People who are around the insane tend to become odd or strange themselves.	Disagree	82

Means and tests of significance for sub-groups

Sex

	N	Mean	Source	df	MS	F
Boys	976	4.61	Between	1	26.92	11.98**
Girls	1,023	4.84	Within	1,997	2.25	
			Total	1,998		

Grade

	N	Mean	W	C	X'^2	F'
10th	835	4.67	335.17	2.00	3.47	1.74
11th	618	4.72	281.91			
12th	546	4.82	276.61		(df = 1,270)	

Table 8 (continued)

Religion

	N	Mean	W	C	X'^2	F'
Protestant	1,348	4.78	626.63	3.02	7.96	2.64
Catholic	411	4.62	177.65			
Jewish	50	4.20	13.76		(df = 194)	
Other	190	4.66	76.99			

Socio-Economic

	N	Mean	W	C	X'^2	F'
Low	245	4.36	92.48	2.00	14.46	7.22**
Middle	1,136	4.77	541.26			
High	618	4.79	263.32		(df = 629)	

Region

	N	Mean	Source	df	MS	F
East	468	4.66	Between	3	7.60	3.38*
Midwest	583	4.78	Within	1,995	2.25	
South	640	4.63	Total	1,998		
West	308	4.93				

Community

	N	Mean	Source	df	MS	F
Rural	657	4.76	Between	1	1.24	<1.00
Urban	1,342	4.71	Within	1,997	2.26	
			Total	1,998		

hospital. While 82 percent reject the idea that he may cause those around him to become odd or strange themselves, only one-half agreed that very few mental hospital patients are likely to commit violent acts, and just 37 percent disagreed with the idea that the insane have little regard for their own safety. Girls more often gave "correct" or more favorable answers to these questions while pupils from the low socio-economic level gave less favorable. A regional difference was significant also as the West was significantly more favorable than the other regions.

The Former Mental Patient

That a person is discharged from a mental hospital as cured does not seem to diminish appreciably the teenager's uncertainty about him and the possibility of his being dangerous. Table 9 shows that one-half say it is natural to feel uncomfortable around a former mental patient, and one-fourth feel it is dangerous to forget for a moment that a person had once been mentally ill. A simmilar number indicate they think it foolish to marry a person who was once mentally ill. Girls tend to be slightly more acceptant than boys in this matter while students from the South and from the lower socio-economic level express less favorable attitudes toward the ex-mental patient.

Table 9

Analyses of the Former Mental Patient Category

The items and percent correct response

Item		Correct	Percent
47	It is only natural to feel uncomfortable around a former mental patient.	Disagree	49
49	If I owned an empty lot beside my house, I would be willing to sell it to a former mental hospital patient.	Agree	75
58	People who were once patients in mental hospitals are no more dangerous than the average person.	Agree	71
60	Although a former mental patient may seem all right, it is dangerous to forget for a moment that he was once mentally ill.	Disagree	73
66	A person would be foolish to marry someone who once had a severe mental illness, even though he or she seems fully recovered.	Disagree	75
68	The police should make periodic checkups on former mental hospital patients.	Disagree	68
70	If I owned an apartment house, I would be willing to rent living quarters to a former mental hospital patient.	Agree	79

Means and tests of significance for sub-groups

Sex

	N	Mean	Source	df	MS	F
Boys	976	4.95	Between	1	14.17	5.29*
Girls	1,023	5.12	Within	1,997	2.68	
			Total	1,998		

Table 9 (continued)

Grade

	N	Mean	Source	df	MS	F
10th	834	5.08	Between	2	1.45	<1.00
11th	617	4.99	Within	1,996	2.69	
12th	548	5.03	Total	1,998		

Religion

	N	Mean	Source	df	MS	F
Protestant	1,348	5.08	Between	3	5.59	2.09
Catholic	411	5.01	Within	1,995	2.68	
Jewish	50	4.52	Total	1.998		
Other	190	4.96				

Socio-Economic

	N	Mean	W	C	X'^2	F'
Low	245	4.52	80.23	2.00	24.72	12.35^{**}
Middle	1,136	5.11	463.62			
High	618	5.10	216.04		(df = 635)	

Region

	N	Mean	Source	df	MS	F
East	468	5.02	Between	3	8.69	3.25^{*}
Midwest	583	5.15	Within	1,995	2.68	
South	640	4.89	Total	1,998		
West	308	5.15				

Community

	N	Mean	Source	df	MS	F
Rural	657	5.03	Between	1	.09	<1.00
Urban	1,342	5.04	Within	1,997	2.69	
			Total	1,998		

Analysis of Miscellaneous Items

Table 10 presents the results for item 17. Slightly more than one-half the sample appear to accept the mechanism of "turn your back and maybe it will go away" when faced with a worry or problem. This process of thought avoidance is advocated more by the lower income group than the other levels, and by the Southern students in comparison to those of other regions.

The results for item 20 are presented in Table 11. The old folklore about excessive sexual activity causing insanity is apparently still quite prevalent. Only one-half of the teenagers in this study reject the idea. Boys and students from the South are relatively more prone to accept this notion.

In Table 12 the response to item 28 is presented. Slightly over one-third see the highly educated as more prone to develop a mental illness. This anti-intellectual idea is manifest more strongly in those of the lower social class and in those from the southern United States significantly more than their contemporaries.

Multiple causation, the idea that there are always many factors that influence the development of a mental illness, is one of the most basic ideas in the field of mental health. Item 29 was designed to ascertain the acceptance of the opposing point of view and the results are presented in Table 13. Almost two-thirds of the youths

Table 10

Analyses of Item 17

The item and percent correct response

17. When a person has a problem or worry, it is best not to think about it, but keep busy with more pleasant things.	Disagree 44 percent

Chi^2 analyses across sub-groups

	Observed		Expected		Chi^2		Total Chi^2
	R	W					
Boys	419	558	436	541	.6723	.5421	2.38
Girls	472	547	455	564	.6450	.5201	
10th	397	438	373	462	1.5795	1.2736	4.92
11th	261	355	275	341	.7103	.5728	
12th	233	312	243	302	.4346	.3505	
Protestant	602	748	603	747	.0006	.0005	4.69
Catholic	176	234	183	227	.2693	.2171	
Jewish	29	20	22	27	2.3222	1.8724	
Other	84	103	83	104	.0033	.0027	
Low	85	156	108	133	4.7194	3.8020	15.58**
Medium	497	638	506	629	.1746	.1406	
High	305	307	273	339	3.7370	3.0106	
East	202	265	208	259	.1942	.1564	45.61**
Midwest	298	285	260	323	5.5172	4.4447	
South	221	411	282	350	13.1864	10.6235	
West	166	140	137	169	6.3620	5.1253	
Rural	280	369	290	359	.3159	.2545	.85
Urban	607	732	597	742	.1536	.1237	

Table 11

Analyses of Item 20

The item and percent correct response

20.	Excessive sexual activity can cause insanity.	Disagree 48 percent

Chi^2 analyses across sub-groups

	Observed		Expected		Chi^2		Total Chi^2
	R	W					
Boys	493	480	465	508	1.6302	1.4950	6.12*
Girls	458	557	486	529	1.5627	1.4331	
10th	382	448	397	433	.5702	.5229	3.05
11th	293	322	294	321	.0049	.0045	
12th	276	267	260	283	1.0160	.9317	
Protestant	637	708	643	702	.0638	.0585	4.87
Catholic	192	214	194	212	.0253	.0232	
Jewish	31	18	23	26	2.4383	2.2361	
Other	91	97	90	98	.0176	.0116	
Low	100	142	116	126	2.1416	1.9633	4.60
Middle	549	576	538	587	.2222	.2037	
High	298	315	293	320	.0790	.0725	
East	225	236	220	241	.0924	.0847	14.06**
Midwest	294	286	277	303	.9931	.9104	
South	266	368	303	331	4.5708	4.1904	
West	162	143	146	159	1.7824	1.4376	
Rural	293	360	312	341	1.1948	1.0953	3.42
Urban	654	673	635	692	.5882	.5392	

Table 12

Analyses of Item 28

The item and percent correct response

28.	Highly educated people are more likely to "lose their minds" than other people.	Disagree 64 percent

Chi^2 analyses across sub-groups

	Observed		Expected		Chi^2		Total Chi^2
	R	W					
Boys	620	346	628	338	.1106	.2057	.62
Girls	664	344	656	352	.1062	.1977	
10th	543	279	535	287	.1298	.2415	4.55
11th	409	202	397	214	.3371	.6273	
12th	332	209	352	189	1.1246	2.0926	
Protestant	853	481	868	466	.2490	.4634	3.28
Catholic	269	134	262	141	.1799	.3349	
Jewish	30	18	31	17	.0478	.0890	
Other	132	57	123	66	.6684	1.2438	
Low	141	100	157	84	1.6122	3.0035	6.01*
Middle	749	373	730	392	.4691	.8752	
High	390	213	393	210	.0171	.0318	
East	298	161	299	160	.0023	.0044	18.06**
Midwest	381	193	374	200	.1423	.2655	
South	376	252	409	219	2.6419	4.9293	
West	225	80	199	106	3.5170	6.5621	
Rural	429	219	422	226	.1199	.2238	.51
Urban	851	467	858	460	.0587	.1095	

Table 13

Analyses of Item 29

The item and percent correct response

29.	If you investigate thoroughly enough, there is usually one experience that causes a person to become mentally ill.	Disagree 37 percent

Chi^2 analyses across sub-groups

	Observed		Expected		Chi^2		Total Chi^2
	R	W					
Boys	380	591	363	607	.7369	.4412	2.32
Girls	360	645	376	629	.7113	.4259	
10th	305	522	310	517	.0714	.0428	.75
11th	226	387	230	383	.0553	.0331	
12th	209	327	201	335	.3410	.2041	
Protestant	510	832	503	839	.1100	.0662	1.54
Catholic	139	260	149	250	.7269	.4352	
Jewish	18	30	18	30	.0001	.0000	
Other	73	114	70	117	.1255	.0754	
Low	65	175	90	150	6.8276	4.0787	12.64##
Middle	430	689	418	701	.3169	.1893	
High	241	368	228	381	.7704	.4602	
East	180	277	171	286	.4836	.2889	12.47##
Midwest	240	338	216	362	2.6293	1.5707	
South	202	427	235	394	4.6950	2.8048	
West	114	190	114	190	.0008	.0005	
Rural	222	423	241	404	1.5310	.9146	3.64
Urban	514	809	495	828	.7469	.4462	

responding to this poll felt that usually one experience causes a person to become mentally ill. Again the lower socio-economic strata and Southerners are less sophisticated. Midwestern students seem somewhat more sophisticated about this matter.

That mental illness is a punishment from God for some sin or wrongdoing is a part of the folklore of the not too distant past. Table 14 shows that today's high school student rejects this idea rather strongly though not completely. There are many differences among the subgroups about this question. Girls reject it more than boys and urban students more than rural. Eleventh graders tend to accept it more while those in the twelfth grade accept it less. The low income group rejects it much less than the higher groups. The regional difference includes both a lesser degree of rejection by Southern students and a stronger rejection by Eastern students.

Item 34 was designed to touch upon the idea that the mentally ill are somehow weak and have no will power. They could have resisted becoming mentally ill if they had tried hard enough, is the admonishment given by people who hold this view. Table 15 reports the results on this question. Only four out of ten teenagers reject this idea with girls rejecting it slightly more than boys.

Item 36 was designed simply to see if teenagers were aware enough of the importence of the problem of

Table 14

Analyses of Item 31

The item and percent correct response

31.	Insanity is God's punishment for some sin or wrongdoing.	Disagree 85 percent

Chi^2 analyses across sub-groups

	Observed		Expected		Chi^2		Total Chi^2
	R	W					
Boys	801	166	829	138	.9729	5.8644	13.36**
Girls	899	116	871	144	.9281	5.5941	
10th	712	118	712	118	.0000	.0000	6.56*
11th	508	102	523	87	.4418	2.6664	
12th	480	62	465	77	.4918	2.9648	
Protestant	1,151	193	1,153	191	.0027	.0399	4.83
Catholic	356	49	347	58	.2142	1.2915	
Jewish	38	11	42	7	.3860	2.3272	
Other	155	29	158	26	.0504	.3043	
Low	182	59	207	34	3.0325	18.4993	25.81**
Middle	988	134	964	158	.5986	3.6517	
High	526	85	525	86	.0021	.0129	
East	420	45	400	65	1.0510	6.4113	20.62**
Midwest	494	82	495	81	.0015	.0094	
South	513	118	542	89	1.5652	9.5483	
West	269	33	259	43	.3503	1.6851	
Rural	539	107	555	91	.4622	2.8197	4.83*
Urban	1,157	171	1,141	187	.2254	1.3749	

Table 15

Analyses of Item 34

The item and percent correct response

34.	One of the main causes of mental illness is a lack of personal strength or will power.	Disagree 41 percent

Chi² analyses across sub-groups

	Observed		Expected		Chi²		Total Chi²
	R	W					
Boys	377	591	404	564	1.8038	1.2921	6.08#
Girls	446	558	419	585	1.7373	1.2444	
10th	347	475	343	482	.0452	.0987	.19
11th	252	359	255	358	.0353	.0018	
12th	224	315	225	316	.0040	.0031	
Protestant	572	768	559	786	.2907	.3932	1.68
Catholic	160	239	167	234	.2555	.1106	
Jewish	18	29	20	28	.1332	.0759	
Other	73	113	78	109	.2258	.1437	
Low	90	149	100	139	.9372	.6704	1.87
Middle	470	648	466	651	.0307	.0138	
High	259	348	253	353	.1364	.0840	
East	196	263	191	267	.1102	.0682	4.75
Midwest	237	341	241	337	.0674	.0585	
South	245	379	260	363	.8895	.6742	
West	141	162	126	176	1.6976	1.1808	
Rural	255	391	269	376	.7685	.5855	1.97
Urban	564	754	550	767	.3763	.2360	

mental illness to conclude that more money should be spent to help reduce it. It can be seen from Table 16 that nine out of ten favored such expenditure. Several interesting differences among the sub-groups occurred. Jewish students were much less in favor of such spending. Also the low income group favored less, the medium income group more, and to a slight degree the high income group less spending.

The relationship of religious practices to mental health and illness has been a controversial one. Table 17 presents the response to item 38 which asks if people who attend church regularly are as likely to end up in a mental hospital as those who do not. American youth split almost evenly on this issue. There were no significant differences among the sub-groups.

A common misconception is that the brain can be overworked to the point of insanity. Table 18 shows that high school students tend to accept very strongly this idea. Only one in four says that such a thing does not happen. Surprisingly, twelfth graders are significantly less sophisticated about this than the other two grades.

Hereditary influence is often held by people to be the prime cause of mental illness. In Table 19 is the response to a question about mentally ill people being born with the kind of nervous system that made it easy for them to become mentally ill. About seven in ten teenagers rejected this explanation. Girls tended to reject it more

Table 16

Analyses of Item 36

The item and percent correct response

36. More money should be spent to help reduce mental illness.	Agree 89 percent

Chi^2 analyses across sub-groups

	Observed		Expected		Chi^2		Total Chi^2
	R	W					
Boys	868	92	877	83	.0951	1.0066	2.16
Girls	921	77	912	86	.0918	.9712	
10th	737	83	749	71	.1992	2.1090	3.99
11th	559	45	552	52	.0923	.9770	
12th	493	41	488	46	.0532	.5632	
Protestant	1,219	105	1,210	113	.0713	.6256	20.49**
Catholic	370	29	365	34	.0812	.8598	
Jewish	37	12	45	4	1.3485	14.2726	
Other	163	23	169	16	.2232	3.0032	
Low	204	31	215	20	.5742	6.2114	14.71**
Middle	1,047	73	1,025	95	.4624	5.0025	
High	534	61	545	50	.2083	2.2532	
East	413	41	416	38	.0160	.1735	1.45
Midwest	531	42	525	48	.0802	.8679	
South	568	54	569	53	.0033	.0354	
West	273	28	276	25	.0232	.2511	
Rural	596	48	590	54	.0716	.7741	1.26
Urban	1,189	117	1,195	111	.0352	.3806	

Table 17

Analyses of Item 38

The item and percent correct response

38. People who attend church regularly are as likely to end up in a mental hospital as those who do not.	Agree 54 percent

Chi^2 analyses across sub-groups

	Observed		Expected		Chi^2		Total Chi^2
	R	W					
Boys	521	443	529	435	.1188	.1445	.52
Girls	561	447	553	455	.1137	.1383	
10th	461	367	454	374	.0986	.1199	.39
11th	330	280	335	275	.0658	.0801	
12th	291	243	293	241	.0136	.0165	
Protestant	721	615	733	603	.1976	.2402	6.49
Catholic	217	184	220	181	.0415	.0504	
Jewish	25	23	26	22	.0679	.0825	
Other	119	68	97	80	2.6204	3.1857	
Low	147	93	132	108	1.7703	2.1539	5.53
Middle	615	505	615	505	.0001	.0002	
High	316	288	332	272	.7264	.8838	
East	249	208	251	206	.0134	.0163	.41
Midwest	322	253	316	259	.1298	.1579	
South	342	287	345	284	.0304	.0370	
West	165	138	166	137	.0103	.0125	
Rural	372	272	353	291	.9712	1.1816	3.20
Urban	706	614	725	595	.4728	.5752	

Table 18

Analyses of Item 39

The item and percent correct response

39. The brain cannot be overworked to the point of insanity. Agree 23 percent

Chi² analyses across sub-groups

	Observed		Expected		Chi²		Total Chi²
	R	W					
Boys	233	737	221	749	.1952	.6619	1.69
Girls	217	789	229	777	.1886	.6397	
10th	195	631	188	638	.2521	.0744	6.81*
11th	153	457	139	471	1.4268	.4208	
12th	102	438	123	417	3.5791	1.0555	
Protestant	296	1,041	304	1,033	.2366	.0698	1.37
Catholic	100	304	92	312	.6944	.2048	
Jewish	10	38	11	37	.0795	.0234	
Other	44	143	43	144	.0469	.0138	
Low	66	172	54	184	2.6174	.7904	2.87
Middle	259	868	255	872	.0504	.0148	
High	121	482	137	466	1.7941	.5257	
East	97	360	104	353	.4168	.1221	.81
Midwest	135	440	130	445	.1686	.0494	
South	145	485	143	487	.0346	.0101	
West	69	237	69	236	.0018	.0018	
Rural	140	505	146	499	.2609	.0765	.50
Urban	306	1,017	300	1,023	.1269	.0372	

Table 19

Analyses of Item 40

The item and percent correct response

40. Mentally ill people were born with the kind of nervous system that made it easy for them to become mentally ill.	Disagree 69 percent

Chi^2 analyses across sub-groups

	Observed		Expected		Chi^2		Total Chi^2
	R	W					
Boys	640	309	676	273	1.8801	4.6469	12.70**
Girls	749	253	713	289	1.7792	4.3974	
10th	602	213	580	235	.8161	2.0171	11.12**
11th	398	204	429	173	2.1839	5.3977	
12th	389	145	380	154	.2046	.5056	
Protestant	945	377	941	381	.0154	.0380	.80
Catholic	286	113	284	115	.0131	.0325	
Jewish	31	14	32	13	.0336	.0831	
Other	127	58	132	53	.1685	.4165	
Low	150	84	167	67	1.6917	4.2000	7.73*
Middle	788	315	786	317	.0040	.0098	
High	447	159	432	174	.5234	1.2982	
East	351	101	322	130	2.5762	6.3921	13.97**
Midwest	408	164	408	164	.0002	.0004	
South	415	201	439	177	1.3218	3.2824	
West	211	92	216	87	.1149	.2855	
Rural	450	186	453	183	.0247	.0616	.13
Urban	935	372	932	375	.0121	.0298	

than boys and tenth graders more than students of other grades. The high socio-economic level students rejected it more while those of the low group rejected it less. Eastern students were significantly less likely to endorse the idea while Southern students more often did so.

CHAPTER V

DISCUSSION

As would be expected from the survey nature of this research the results are many and varied. Any discussion of them can attend only to major findings and judgment in such matters will undoubtedly be arbitrary. Thus the reader is strongly urged to review carefully the tables presented in the preceding section and analyze the results in terms of his own frame of reference. Such a procedure should provide insight into many subtleties that cannot be covered here.

In making his analysis or in reading the discussion below the reader should keep clearly in mind the following points. First, extreme care must be exercised in the interpretation of the percentage results. The absolute magnitude of response to the items is actually somewhat arbitrary in the sense that some items are designed to be more "extreme" than others. Then to sum these percentages in talking about the conceptual variable involved introduces considerable error. To reduce this, one should consider the percentage response to each item and then "sum" the ideas expressed. Second, due to the mediocre internal consistencies of the categories, the chances of finding statistically significant differences across the personal data variables are reduced. Thus the significant differences that are found can be treated quite confidently. For the same reason, where significant differences are not found, one cannot be confident that none exist. More reliable measures might reveal such differences.

As the primary object of this research has been to describe the teenager's conception of mental illness, any attempt to explain how and why this conception developed will necessarily be speculative. In the following discussion any such attempt will be clearly labeled. Furthermore, evaluating what is and is not "desirable" about the teenager's conception is at times a hazardous process. Thus the following may be thought of as a subjective appraisal and comment on several interesting aspects of the teenager's conception of mental illness as revealed by this study. It will particularly focus on aspects which have important implications for the field of mental health education.

The General Results

It was encouraging to see teenagers exhibit such optimistic attitudes about the possibility of reccvering from a mental illness. They appear to accept rather strongly the recent Mental Health Week slogan "the mentally ill can come back." There was a differential response to these items on prognosis, however, that may be important to note. On two of them (32 and 43) about 87 percent responded "correctly" while on the other two the response was about 20 percent less. An inspection of the item content suggests that some teenagers feel, in the abstract, that there must be something that can be done for the mentally ill but that now, concretely, this is not yet known or is not being done. This combination of hopeful optimism tempered by more moderate appraisal of the present situation appears to be almost ideal from the point of view of mental health education. Such a conception should be a basis for enthusiastic yet realistic action.

American youth's attitude toward the normal-abnormal continuum concept is quite interesting. The sixty percent endorsement of the statement "all of us show symptoms of mental illness at one time or another" appears to be a quite psychologically sophisticated attitude. They also strongly support the idea that mental patients are in many ways "normal". But about one-half say there is a fairly sharp difference between "normal" and "abnormal". Thus they seem generally to reject a pure black and white approach in this matter but do see quite distinct hues of grey. This is an area, then, where a solid start has been made toward acceptance of the psychologically sophisticated viewpoint but where more progress is necessary.

Even though the teenager accepts the mentally ill as at least partially "normal" there seems to be one salient characteristic of "abnormality": dangerousness. Four to five out of ten seemed to feel the mental patient might harm himself or others. This is quite similar to the findings of other research (Star, 1955, 1957; Roper, 1950) that people tend to reserve the term "mental illness" for only behavior that has some element of violence. While this conception is generally incorrect, it might not be an altogether undesirable one. It might lead to an acceptance of the idea that only the potentially dangerous need to be hospitalized. Cumming and Cumming (1957, p. 142) discuss this point and note that Denmark works on this assumption and thereby has the smallest percentage of its population in mental hospitals of any Western European country. There are many blocks in the way of such a change, however, especially the highly urbanized nature of our society. Perhaps a compromise is the relatively recent development of mental hospitals designed only for intensive treatment, and more recently the day hospital plan (Barnard, Robbins, and Tetzloff, 1952).

One interesting difference between items was that nine out of ten pupils disagreed that mental patients are a disgrace to their family, but only six out of ten disagreed that they would refrain from telling other people about a mentally ill family member. This difference may possibly be explained by a difference in concreteness of the questions. The former was abstract while the latter was at least somewhat concrete in the sense that it was closer to the decision-making process of every-day life. Because of this it is possible to conjecture that the six out of ten figure is closer to what teenagers would actually do in such a situation. Therefore it appears that there is a good deal of stigma attached to mental illness by many teenagers.

This picture is more clearly drawn by the teenager's expressed attitudes toward the former mental patient. Here again dangerousness becomes the key concept. That one-third of the nation's youth say that the police should make periodic check-ups on former mental patients is startling and depressing. Even on an abstract level they react with anxiety and suspicion. The acuteness of this problem for the field of mental health education cannot be overemphasized. Changing public attitudes from almost rejection to acceptance will be a herculean task.

The attitudes expressed toward the mental hospital and its personnel were surprisingly very favorable. The two-thirds positive response toward working in a hospital for a summer was most unexpected. It may be a pleasant surprise for mental hospital administrators and might be of quite practical value. Having a group of the town's young people working on the staff for a summer might help the community relations of many hospitals. Furthermore, it would give more contact with the mentally ill to a group that often has no chance for such contact. The very high evaluation of mental hospital personnel is similar to the recent study by Nunnally and Kittross (1958). It is difficult to interpret, though, because there are no comparison groups. But one item (54) about personnel had been asked in a previous poll (Heath, Maier, and Remmers, 1958) in relation to engineers. In one case the term "people who work in mental hospitals," and in the other the term "engineers," was added to the statement "... are sound, stable citizens." The agreement was an almost identical 87 and 89 percent respectively. This is a partial indication that mental hospital personnel are rated as high as general professional groups.

The topic of etiology is naturally the most complex and nebulous one in this field. A recent article by Lund and Glosser (1957) points up the rather divergent ideas of experts in the field although Nunnally (1957) found rather high agreement of experts on the less technical aspects of mental illness with which the public is concerned. Teenagers exhibited much confusion about the causes of mental illness as evidenced by the quite low internal consistency coefficients for the importance of will power and organic factors categories, and the relatively low coefficient for the childhood category.

Within the latter category there was also much uncertainty. In "common sense" terms it is difficult to see any relationship between adult behavior and events that occurred many years before when the person was "just a child." This idea has been a relatively modern development based to a large extent on Freudian theory and research stemming from it. In general, we may assume that its acceptance by the average person indicates a certain degree of sophistication. However, this idea is a quite controversial one among leaders in the field, and possibly the fairly middle-of-the-road view expressed by the young people in this study is a desirable one. Perhaps the mental health educator needs only to reinforce this aspect of the teenager's conception.

That about one-half of the teenagers indicate agreement with the mechanism of thought avoidance when faced with a problem or worry may or may not be a need for concern to the mental health educator. Certainly the mode of adjustment works very often and is used by all of us some of the time. However, if relied on too often and for too long a time it can lead to a disregard of the need for professional help. This type of behavior is probably still too common though great changes have taken place in the past few years.

The teenager's apparent acceptance of the idea of a single experience causing mental illness may be related to the influence of the mass media. Very often the demands of time and dramatic appeal lead the media to superficial presentations. Nunnally (1957) has done an extensive study of the media presentations in this area and discusses this point more fully.

The relationship between religion and mental illness has long been a controversial one. Two items in the questionnaire touch upon this issue. Apparently the great majority of young people today do not connect mental illness with punishment for sin but are undecided whether being religious may help to prevent the development of mental illness in an individual. The latter question, of course, is still a matter of debate and the equivocal answer that teenagers give may be quite appropriate under the circumstances. Similarly, the teenager's fairly strong but not complete rejection of heredity as a causative factor may be as realistic an answer as could be expected.

Some of the other factors that teenagers say are related to the development of mental illness do not seem realistic at all. That only one-half reject the idea that excessive sexual activity can cause insanity seems a sad commentary on the status of both mental health education and sex education. It is difficult to know whether the response to this idea was based on moral or physical considerations. Another item indicates a strong (75 percent) agreement with a distinctly physical explanation—

that the brain can be overworked to the point of insanity. Perhaps both are indications of the belief in the importance of organic factors. It is unfortunate that this item category did not prove adequate so that a more comprehensive idea about the prevalence of this conception could have been elicited.

More than one-half of the sample studied here endorsed the statement "One of the main causes of mental illness is a lack of personal strength or will power." This was thought to be the "core" item of the importance of will power category. Thus it seems that many teenagers hold to the unfortunate idea that mental patients are in some way to blame for their condition. This is associated with a variety of quite undesirable attitudes toward mental illness and the mentally ill. For instance, it leads to such therapeutic recommendations as "pull yourself together" or "your life is what you make of it." But worst of all it contributes heavily to the general stigma associated with mental illness. Such attitudes can probably be little influenced by direct information and represent a difficult challenge for the mental health educator.

Comparison to Adults

It was noted in Chapter I that a comparison of teenager and adult conceptions of mental illness would yield information on the changing aspect of the public's conception. At this time such a comparison is quite difficult since results on a reasonably comparable sample are not available. Furthermore, even using the samples available, most of the items used were not identical. The few that were are presented in a table on page 125 in Appendix C. The comparison data are from unpublished material supplied by J. C. Nunnally of the University of Illinois whose research project is described in Chapter II. The adult sample is composed of 349 individuals in the Urbana-Champaign area of Illinois. It is biased in terms of higher educational and economic level and thus probably represents a somewhat more sophisticated point of view than would a representative sample of the adult population. The adults responded on a seven-point scale from agree to disagree and this was collapsed into two categories with the original middle category divided equally between the two. The teenage sample responded in four categories and these were collapsed into two.

The table shows that teenagers tend to be more acceptant of physical exhaustion as a cause for a nervous breakdown than adults. It was noted above in reference to several other items that teenagers apparently see organic factors to be quite important. The reason for this is not at all clear. Though not probable, it might be that youth has absorbed more of the recent publicity on biochemical aspects of causation and treatment, and this has led them to a more general organic position.

It is gratifying to see that young people tend to disagree more with the idea that high education is positively related to mental illness. Apparently this is an aspect of misinformation whose prevalence will be reduced as more young people bring their ideas into the community. Also fewer teenagers than adults tend to see a relationship between not attending church and becoming mentally ill. This may suggest that in the future less moralizing will be done about mental illness. The other two items that directly compare teenagers and adults concern ideas about the mental patient. There is almost no difference in response to these items.

The general impression that emerges from these comparisons is that teenagers exhibit at least equally desirable and sometimes more desirable attitudes than a group of adults somewhat more sophisticated than the average. This is a quite encouraging result but is based upon very few comparisons and should be much more thoroughly investigated.

Sub-Group Differences

One of the most important aspects of this research was to investigate the variation in the teenager's conception of mental illness among various sub-groups of the sample. For each sub-group there are a total of 17 tests of significance, seven analyses of variance across the item categories, and ten chi^2 tests across the miscellaneous items.

Sex Differences

Eight tests were significantly different for boys and girls, five at the .01 level and three at the .05 level. In all cases the responses of the girls were more favorable or sophisticated. This result supports quite strongly the earlier finding of Rose (1957) on a small sample of high school students. It is fairly easy to find reasons for these differences. Girls in our culture are supposed to be more tender-minded and more serious about studies. These characteristics could lead to a more acceptant attitude toward patients, ex-patients, hospitals, and personnel, and to having more accurate information about mental illness. In addition they are supposed to be more conforming and this may have led them to give more socially desirable responses.

Grade Differences

Only four differences were significant and three of these were at the .05 level. Furthermore, even for these there was no consistent pattern of difference. In two the twelfth graders were more sophisticated, in one the eleventh graders, and in the other the tenth graders. It was the difference in favor of tenth graders that was at the .01 level. Thus there was shown in this study great similarity of attitudes and sophistication among students of different grades in school. This leads to the unfortunate conclusion that an additional year or two of mental health education does not result in any significant changes. That the teenager's conception should remain stagnant during such a period of rapid learning and change is remarkable. It seems to indicate that the mental health education provided by our high schools and other educational agencies leaves much to be desired.

Differences Among Religions

Only two out of the 17 tests were significant. Thus it can be concluded that much similarity exists among these groups as measured in this study. The two differences that did prove significant were at the .01 level and quite unexpected. Jewish students were found to be less favorable in attitudes toward mental hospital personnel and less willing to endorse the idea that more money should be spent to help reduce mental illness. The only possible explanation that the investigator can see for these differences is that generally Jews have been found to have a much higher incidence of neurosis and a somewhat lower incidence of psychosis (Rose, 1955, Chapter 5). As we usually do not think of spending public funds in relation to neurosis, perhaps both of these differences in attitude are related to a less favorable view of mental illness of the psychotic type.

Socio-Economic Differences

The differences found among these groups are the most extreme and consistent in this research. Thirteen differences were significant and 11 of these were at the .01 level. In every case the responses of the low socio-economic students were less favorable or sophisticated. In a few instances other groups were more sophisticated and contributed to the over-all difference observed. This result gives solid support to the quite similar findings of Hollingshead and Redlich (1958) in their extensive study of a single community. Besides the finding of different attitude patterns they also concluded that persons of the lower social classes actually have much less chance of recovering from mental illness because few of them receive any treatment beyond custodial care. Thus they become the principle inhabitants of the "backwards" and remain there the rest of their lives. The serious question that these additional findings of Hollingshead and Redlich raises is whether the lower class person is unrealistic in his attitude toward mental illness. From his point of view such things as prognosis and the mental hospital are pretty unfavorable.

This analysis would suggest that the remedy for the attitudes of the lower class is only partially a matter of education but also involves changes in treatment procedures, etc. Mental health education still, however, has its most difficult job in relation to this group. By increasing information about mental illness it is possible that many important changes can be made. For instance, perhaps people in the lower social class can begin to be referred to the hospital, clinic, or other social agencies before becoming so extremely disturbed that treatment is quite difficult.

Regional Differences

Twelve significant differences were found between these groups, ten of them at the .01 level. Generally it is the students from the South whose responses are contributing most to the differences. The direction of difference is always toward the less favorable and less sophisticated. The other regions' contribution to the differences is not a consistent one. The explanation for the South's differences is not very clear except that they are generally assumed to be deviant on many social attitudes. Previous polls of the Purdue Opinion Panel reflect this deviation on a variety of topics (Remmers and Radler, 1957). Mental health education together with a great variety of other influences will be necessary here to effect substantial change.

Community Differences

Only three differences were found to be significant between rural and urban students and these were all at the .05 level. In each case the rural students were less favorable or sophisticated than the urban students. The differences, though slight, were consistent and suggest more effort by the mental health educator will be needed to communicate to people in rural areas.

CHAPTER VI

SUMMARY AND CONCLUSIONS

In the past two decades mental illness has come to be recognized as the number one health problem in modern society. Recently there also has been the recognition that mental illness is not only a psychiatric problem but also a problem of public education. Such education increases public understanding of mental illness and thereby aids in its prevention and treatment, and in public acceptance of those once mentally ill. To accomplish these goals the mental health educator needs to know the present state of knowledge and attitude of the people he is attempting to educate. A number of surveys of public opinion on mental illness have been completed but they have been primarily concerned with adults. It was the object of this project to extend and complement these surveys with a study of the opinions of teenagers.

The design of the study involved the development and administration of a questionnaire, and the statistical analysis of the results. Items were assembled from previous research and general reading in the field. On the same basis, item categories were originated that were thought to be of general interest and importance to the field of mental health education. Both items and categories were extensively refined in consultation with a board of experts composed of two diplomates in clinical psychology, a psychiatrist, and three specialists in the field of psychological measurement. Pre-testing took place in a local high school. The final form of the questionnaire was composed of 52 items divided into seven categories and ten miscellaneous items. It was administered through the facilities of the Purdue Opinion Panel to approximately 15,000 students in about 90 high schools throughout the United States. The responses were recorded anonymously on an IBM mark-sense card.

For the statistical analysis a stratified-random sample of 2,000 pupils was used. The variables of geographic region, sex, grade in school, and rural-urban residence were controlled to parallel the characteristics of the population (all secondary school pupils in the United States). The percentage of the sample choosing each response was tabulated and the categories were scored. Significance of differences was tested across six subgroups of the sample using analysis of variance for the categories and chi^2 for the miscellaneous items.

These analyses resulted in 21 out of 42 significant differences by analysis of variance and 21 out of 60 by chi^2. These plus the other analyses mentioned above led to the following conclusions about the teenager's conception of mental illness:

1. They seem hopeful but realistic about the prognosis of mental illness.
2. There is a partial endorsement of the idea of the normal-abnormal continuum.
3. Both the patient and former patient are suspected of being potentially dangerous.
4. They indicate quite positive attitudes toward the mental hospital and its personnel.
5. Apparently there is much confusion and inconsistency in their attitudes on etiology of mental illness.
6. Their expressed view on the importance of childhood, heredity, and religion in relation to the development of mental illness is judged to be fairly realistic.
7. Their expressed view on the importance of thought avoidance, organic factors, and will power in relation to the development of mental illness is judged to be somewhat unrealistically high.
8. Very few comparisons with adults were possible but these seem to show slightly more desirable attitudes on the part of the teenagers.

9. There is a definite tendency for girls to express more desirable attitudes than boys about mental illness.
10. Constructive information and attitudes in this area do not increase with more years of high school.
11. Students from the low socio-economic level consistently express a decidedly less desirable conception of mental illness than do students of the medium or high level.
12. There are few differences among rural and urban residents or among the several general religious groups.
13. Students from the southern part of the United States endorse less sophisticated ideas about mental illness than students from other parts of the country.

There are various sources of error involved in estimating these results and the above conclusions must be considered quite tentative. They suggest that the teenager's conception of mental illness is encouraging in many ways but contains a substantial number of undesirable qualities. And it apparently differs considerably among various sub-groups of the sample, especially socio-economic groups. Speculations were made about possible reasons for these results and implications for mental health education were suggested.

It must be clearly understood that the response indicated "correct" for these items is based on the investigator's judgment and not on the judgment of a representative sample of expert opinion. There would probably be great differences of opinion in regard to many of these items. Furthermore, even a more subjective process is involved in evaluating what is a "desirable" and "undesirable" attitude for teenagers to hold. Thus these results and conclusions must be considered only to reflect one method of analysis. The reader is urged to review thoroughly APPENDIX C where the data are presented in percentage form without the investigator's frame of reference, and where the reader may draw his own conclusions.

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APPENDIX A

Question Sheet
THE PURDUE OPINION PANEL
Poll Number 56 April 1959

To answer the questions on this poll you will need one of the special ballot cards for marking your answers and a pencil with soft lead. You must use a No. 2 pencil (or softer, such as No. 1 or HB). If you do not use a pencil with soft lead which makes a very black glossy mark, the machine which counts the answers will not pick up the marks. The person in charge will tell you how to mark the answers on the card; please wait for directions before beginning the questions.

Please answer all questions honestly and with care. Notice that you do not sign your name, either on this sheet or on the card. No one will know how you individually marked your answer. It is important that you answer all of the questions. Please follow these directions.

1. Read the question and decide upon your answer.
2. Notice the number and letter of that answer.
3. Draw a line through the number and letter on these pages.
4. Find the bracket on the ballot card with that number and letter inside it.
5. Make a SOLID BLACK LINE through the number and letter from one end of the bracket to the other, being careful not to let the mark touch any other brackets.
6. If you want to change an answer, erase your first answer carefully and completely.

I. FACTS FOR THE STATISTICAL ANALYSIS OF THE PANEL

1. Are you a boy or girl?
   - (1A) boy
   - (1B) girl

2. What is your grade in school?
   - (1C) grade 10
   - (1D) grade 11
   - (1E) grade 12

3. Which of the following describes your mother's education?
   - (1F) She did not graduate from high school.
   - (1G) She graduated from high school but not from college.
   - (1H) She graduated from college.

4. What is your religious preference or membership?
   - (1I) Protestant
   - (1J) Catholic
   - (1K) Jewish
   - (1L) Some other or none. (If some other write name of your religion on the back of the ballot card.)

5. HOUSE AND HOME. Mark with an "X" each of the following that you have in your home, then follow the directions just below.

____a vacuum cleaner
____an electric or gas refrigerator
____a bathtub or shower with running water
____two cars (don't count trucks)
____part or full time paid help for the home
____I have had paid lessons in music, dancing, art, drama, or expression outside of the school.

Now count the number of X's that you marked. Locate that number in the list below. On the ballot card, find the number and letter for that answer and blacken that space.

- (2A) none
- (2B) one
- (2C) two
- (2D) three
- (2E) four
- (2F) five
- (2G) six

6. The political party which I prefer is
(2H) Democratic Party
(2I) Republican Party
(2J) Some other Party
(2K) Undecided

7. Are you -
(3A) White
(3B) Negro
(3C) Oriental
(3D) Other

8. Have you ever visited a mental hospital?
(3E) Yes
(3F) No

9. Is there a mental hospital in or near your hometown?
(3G) Yes
(3H) No

10. Have you a relative that is or has been a patient in a mental hospital?
(3I) Yes
(3J) No

11. Which jobs in the following list would most people consider more desirable than your father's (or main provider's) job, which ones less desirable, and which one on the same level or equally desirable? For example, if insurance salesman or auto salesman is more desirable than your father's job, mark 4A; if it is equally desirable, mark 4B; if it is less desirable, mark 4C. Then do the same for the rest of the occupations.

	more desirable than father's	equally desirable as father's	less desirable than father's
Insurance salesman or auto salesman	(4A)	(4B)	(4C)
Owner of a small factory or small business	(4D)	(4E)	(4F)
Foreman in a factory	(4G)	(4H)	(4I)
Deliveryman, truck driver, mail carrier, etc.	(4J)	(4K)	(4L)
Trash collector	(5A)	(5B)	(5C)
Machine operator in a factory or auto mechanic	(5D)	(5E)	(5F)
Farm owner or ranch owner	(5G)	(5H)	(5I)
Office worker such as secretary, librarian, etc.	(5J)	(5K)	(5L)
Director of a large corporation, such as G. E.	(6A)	(6B)	(6C)
Farm laborer or road worker	(6D)	(6E)	(6F)
Store clerk, grocery clerk, waiter, etc.	(6G)	(6H)	(6I)
President of a bank, doctor, lawyer	(6J)	(6K)	(6L)

II. Your Opinions

12. If parents loved their children more, there would be less mental illness.
(7A) Agree
(7B) Undecided; probably agree
(7C) Undecided; probably disagree
(7D) Disagree

13. All of us show symptoms of mental illness at one time or another.
(7E) Agree
(7F) Undecided; probably agree
(7G) Undecided; probably disagree
(7H) Disagree

14. A person can become mentally ill even if he is strong-willed.
(7I) Agree
(7J) Undecided; probably agree
(7K) Undecided; probably disagree
(7L) Disagree

15. Few people become mentally ill because they want to avoid the difficult problems of everyday life.
(8A) Agree
(8B) Undecided; probably agree
(8C) Undecided; probably disagree
(8D) Disagree

16. Regardless of how you look at it, patients with sever mental illness are no longer really human.
(8E) Agree
(8F) Undecided; probably agree
(8G) Undecided; probably disagree
(8H) Disagree

17. When a person has a problem or a worry, it is best not to think about it, but keep busy with more pleasant things.
(8I) Agree
(8J) Undecided; probably agree
(8K) Undecided; probably disagree
(8L) Disagree

18. Patients in mental hospitals in many ways act like "normal" people.
(9A) Agree
(9B) Undecided; probably agree
(9C) Undecided; probably disagree
(9D) Disagree

19. All those who take part in a child's training in early life are partially responsible for a mental illness which develops at a later age.
(9E) Agree
(9F) Undecided; probably agree
(9G) Undecided; probably disagree
(9H) Disagree

20. Excessive sexual activity can cause insanity.
(9I) Agree
(9J) Undecided; probably agree
(9K) Undecided; probably disagree
(9L) Disagree

21. Physical exhaustion does not lead to a nervous breakdown.
(10A) Agree
(10B) Undecided; probably agree
(10C) Undecided; probably disagree
(10D) Disagree

22. People would not become mentally ill if they avoided bad thoughts.
(10E) Agree
(10F) Undecided; probably agree
(10G) Undecided; probably disagree
(10H) Disagree

23. Only a few of the patients in mental hospitals are able to return to work in society.
(10I) Agree
(10J) Undecided; probably agree
(10K) Undecided; probably disagree
(10L) Disagree

24. Many patients in mental hospitals are capable of skilled labor, even though in some ways they are very ill mentally.
(11A) Agree
(11B) Undecided; probably agree
(11C) Undecided; probably disagree
(11D) Disagree

25. There is something about mental patients that makes it easy to tell them from normal people.
(11E) Agree
(11F) Undecided; probably agree
(11G) Undecided; probably disagree
(11H) Disagree

26. There is a sharp dividing line between "normal" and "abnormal" behavior
(11I) Agree
(11J) Undecided; probably agree
(11K) Undecided; probably disagree
(11L) Disagree

27. Very few mental disorders have thei beginnings in childhood.
(12A) Agree
(12B) Undecided; probably agree
(12C) Undecided; probably disagree
(12D) Disagree

28. Highly educated people are more likely to "lose their minds" than other people.
(12E) Agree
(12F) Undecided; probably agree
(12G) Undecided; probably disagree
(12H) Disagree

29. If you investigate thoroughly enough there is usually one experience that causes a person to become mentally ill.
(12I) Agree
(12J) Undecided; probably agree
(12K) Undecided; probably disagree
(12L) Disagree

30. Most mental patients come from homes where the parents took little interest in their children.
(13A) Agree
(13B) Undecided; probably agree
(13C) Undecided; probably disagree
(13D) Disagree

31. Insanity is God's punishment for some sin or wrongdoing.
(13E) Agree
(13F) Undecided; probably agree
(13G) Undecided; probably disagree
(13H) Disagree

32. With proper care, most mental patients would get well enough to live outside the hospital.
(13I) Agree
(13J) Undecided; probably agree
(13K) Undecided; probably disagree
(13L) Disagree

33. A nervous breakdown is the result of overwork.
(14A) Agree
(14B) Undecided; probably agree
(14C) Undecided; probably disagree
(14D) Disagree

34. One of the main causes of mental illness is a lack of personal strength or willpower.
(14E) Agree
(14F) Undecided; probably agree
(14G) Undecided; probably disagree
(14H) Disagree

35. Mental illness is seldom inherited.
(14I) Agree
(14J) Undecided; probably agree
(14K) Undecided; probably disagree
(14L) Disagree

36. More money should be spent to help reduce mental illness.
(15A) Agree
(15B) Undecided; probably agree
(15C) Undecided; probably disagree
(15D) Disagree

37. In spite of our best efforts there is still very little we can do to cure mental illness.
(15E) Agree
(15F) Undecided; probably agree
(15G) Undecided; probably disagree
(15H) Disagree

38. People who attend church regularly are as likely to end up in a mental hospital as those who do not.
(15I) Agree
(15J) Undecided; probably agree
(15K) Undecided; probably disagree
(15L) Disagree

39. The brain cannot be overworked to the point of insanity.
(16A) Agree
(16B) Undecided; probably agree
(16C) Undecided; probably disagree
(16D) Disagree

40. Mentally ill people were born with the kind of nervous system that made it easy for them to become mentally ill.
(16E) Agree
(16F) Undecided; probably agree
(16G) Undecided; probably disagree
(16H) Disagree

41. People who are mentally ill let their emotions control them instead of their minds.
(16I) Agree
(16J) Undecided; probably agree
(16K) Undecided; probably disagree
(16L) Disagree

42. Most emotional difficulties of adults begin
(17A) before grade school.
(17B) during grade school.
(17C) during high school.
(17D) after high school.

43. There is little that can be done for patients in a mental hospital except to see that they are comfortable and well fed.
(17E) Agree
(17F) Undecided; probably agree
(17G) Undecided; probably disagree
(17H) Disagree

44. People who are in good physical condition seldom have emotional disorders.
(17I) Agree
(17J) Undecided; probably agree
(17K) Undecided; probably disagree
(17L) Disagree

45. I would not be opposed to having a mental hospital near my hometown.
(18A) Agree
(18B) Undecided; probably agree
(18C) Undecided; probably disagree
(18D) Disagree

46. Most of the people who work in mental hospitals do so because the job is so easy.
(18E) Agree
(18F) Undecided; probably agree
(18G) Undecided; probably disagree
(18H) Disagree

47. It is only natural to feel uncomfortable around a former mental patient.
(18I) Agree
(18J) Undecided; probably agree
(18K) Undecided; probably disagree
(18L) Disagree

48. If a member of my family were a patient in a mental hospital, I wouldn't tell other people about it.
(19A) Agree
(19B) Undecided; probably agree
(19C) Undecided; probably disagree
(19D) Disagree

49. If I owned an empty lot beside my house, I would be willing to sell it to a former mental hospital patient.
(19E) Agree
(19F) Undecided; probably agree
(19G) Undecided; probably disagree
(19H) Disagree

50. Most of the people in mental hospitals speak in words that cannot be understood.
(19I) Agree
(19J) Undecided; probably agree
(19K) Undecided; probably disagree
(19L) Disagree

51. I wouldn't mind working in a mental hospital for a summer (assuming the pay was similar to what I would get elsewhere.)
(20A) Agree
(20B) Undecided; probably agree
(20C) Undecided; probably disagree
(20D) Disagree

52. Mental hospitals are excellently run and very helpful for mental patients.
(20E) Agree
(20F) Undecided; probably agree
(20G) Undecided; probably disagree
(20H) Disagree

53. Very few of the people in mental hospitals are likely to commit violent acts.
(20I) Agree
(20J) Undecided; probably agree
(20K) Undecided; probably disagree
(20L) Disagree

54. People who work in mental hospitals are usually sound, stable citizens.
(21A) Agree
(21B) Undecided; probably agree
(21C) Undecided; probably disagree
(21D) Disagree

55. Most hospitals for the mentally ill treat their patients very badly.
(21E) Agree
(21F) Undecided; probably agree
(21G) Undecided; probably disagree
(21H) Disagree

56. I wouldn't expect the employees of a mental hospital to be very friendly.
(21I) Agree
(21J) Undecided; probably agree
(21K) Undecided; probably disagree
(21L) Disagree

57. People who become mentally ill are a disgrace to their family.
(22A) Agree
(22B) Undecided; probably agree
(22C) Undecided; probably disagree
(22D) Disagree

58. People who were once patients in mental hospitals are no more dangerou than the average person.
(22E) Agree
(22F) Undecided; probably agree
(22G) Undecided; probably disagree
(22H) Disagree

59. Every mental hospital should be surrounded by a high fence and guards.
(22I) Agree
(22J) Undecided; probably agree
(22K) Undecided; probably disagree
(22L) Disagree

60. Although a former mental patient may seem all right, it is dangerous to forget for a moment that he was once mentally ill.
(23A) Agree
(23B) Undecided; probably agree
(23C) Undecided; probably disagree
(23D) Disagree

61. People who work in mental hospitals need to be a bit mentally unbalanced themselves to work with their patients.
(23E) Agree
(23F) Undecided; probably agree
(23G) Undecided; probably disagree
(23H) Disagree

62. If I owned an apartment house, I would be willing to rent an apartment to a mental hospital employee.
(23I) Agree
(23J) Undecided; probably agree
(23K) Undecided; probably disagree.
(23L) Disagree

63. It would not be wise to bring up your family in a town in which a mental hospital was located.
(24A) Agree
(24B) Undecided; probably agree
(24C) Undecided; probably disagree
(24D) Disagree

64. Most of the insane have little regard for their own safety.
(24E) Agree
(24F) Undecided; probably agree
(24G) Undecided; probably disagree
(24H) Disagree

65. Our mental hospitals seem more like prisons than like places where mentally ill people can be cured.
(24I) Agree
(24J) Undecided; probably agree
(24K) Undecided; probably disagree
(24L) Disagree

66. A person would be foolish to marry someone who once had a severe mental illness, even though he or she seems fully recovered.
(25A) Agree
(25B) Undecided; probably agree
(25C) Undecided; probably disagree
(25D) Disagree

67. Most patients in mental hospitals are not dangerous.
(25E) Agree
(25F) Undecided; probably agree
(25G) Undecided; probably disagree
(25H) Disagree

68. The police should make periodic checkups on former mental hospital patients.
(25I) Agree
(25J) Undecided; probably agree
(25K) Undecided; probably disagree
(25L) Disagree

69. Most mental hospital personnel go into their field because of their own emotional difficulties.
(26A) Agree
(26B) Undecided; probably agree
(26C) Undecided; probably disagree
(26D) Disagree

70. If I owned an apartment house, I would be willing to rent living quarters to a former mental hospital patient.
(26E) Agree
(26F) Undecided; probably agree
(26G) Undecided; probably disagree
(26H) Disagree

71. People who are around the insane tend to become odd or strange themselves.
(26I) Agree
(26J) Undecided; probably agree
(26K) Undecided; probably disagree
(26L) Disagree

APPENDIX B

APPENDIX B

Names and Locations of High Schools Participating in Poll 56

East

Braddock High School, Braddock, Pennsylvania
Carmel Central High School, Carmel, New York
Castine High School, Castine, Maine
Columbia High School, East Greenbush, New York
Coraopolis Senior High School, Coraopolis, Pennsylvania
Goshen Central School, Goshen, New York
Morris Township School, Morrisdale, Pennsylvania
New Castle Senior High School, New Castle, Pennsylvania
New Kensington High School, New Kensington, Pennsylvania
Roosevelt High School, Yonkers, New York
Springfield Senior High School, Philadelphia 18, Pennsylvania
Uniontown Senior High School, Uniontown, Pennsylvania

Midwest

Ainsworth High School, Ainsworth, Nebraska
Anderson High School, Cincinnati 30, Ohio
Arlington High School, Arlington Heights, Illinois
Augusta High School, Augusta, Illinois
Bellevue High School, Bellevue, Ohio
Carmi Township High School, Carmi, Illinois
Central High School, Com Unit No. 3, Camp Point, Illinois
Chase County High School, Imperial, Nebraska
Clara City Public School, Clara City, Minnesota
Clawson High School, Clawson, Michigan
Coldwater High School, Coldwater, Kansas
Community High School, Armstrong, Iowa
Crosby High School, Crosby, North Dakota
Crosby-Ironton High School, Crosby, Minnesota
Dannebrog Public Schools, Dannebrog, Nebraska
Euclid Senior High School, Euclid 23, Ohio
Fairview High School, Fairview Park 26, Ohio
Ferndale High School, Ferndale 20, Michigan
George Rogers Clark (Hammond), Whiting, Indiana
Gwinner Special School, Gwinner, North Dakota
Hillsboro High School, Hillsboro, Missouri
Killbuck High School, Killbuck, Ohio

APPENDIX B (continued)

Midwest (continued)

Kimball County High School, Kimball, Nebraska
Maine Township High School, Des Plaines, Illinois
Marysville High School, Marysville, Michigan
Memorial High School, Saint Marys, Ohio
Naperville Community High School, Naperville, Illinois
New Carlisle High School, New Carlisle, Indiana
Normandy Senior High School, St. Louis 14, Missouri
Northwood High School, Minong, Wisconsin
Oklee High School, Oklee, Minnesota
Reorganized School District R-VI, Marquand, Missouri
Roanoke-Benson High School, Roanoke, Illinois
Senior High School, Hillsboro, Ohio
Spickard R-2 School, Spickard, Missouri
Wabash High School, Wabash, Indiana
Wakefield High School, Wakefield, Michigan
Walsh County Agricultural School, Park River, North Dakota
Washburn Rural High School, Topeka, Kansas
Wheeler High School, Wheeler, Indiana
Woodward High School, Cincinnati 37, Ohio

South

Albert Harris School, Martinsville, Virginia
Beckville High School, Beckville, Texas
Central High School, Painter, Virginia
Channing High School, Channing, Texas
Courtney High School, Yadkinville, North Carolina
Harton Public School, Pittsboro, North Carolina
L'Ouverture School, McAlester, Oklahoma
Marriott High School, Saint Stephens Church, Virginia
Midway Public School, Midway, Kentucky
Petersburg High School, Petersburg, Texas
Plainview High School, Plainview, Texas
Senior High School, Big Spring, Texas
Surry County High School, Surry, Virginia
Wingate High School, Wingate, North Carolina

APPENDIX B (continued)

West

Bear Creek High School, Morrison, Colorado
Billings Senior High School, Billings, Montana
Burley High School, Burley, Idaho
Burlington High School, Burlington, Wyoming
Casa Grande Union High School, Casa Grande, Arizona
Columbia Falls High School, Columbia Falls, Montana
De Beque Public High School, De Beque, Colorado
Delano Joint Union High School, Delano, California
Forest Grove Union High School, Forest Grove, Oregon
Forsyth High School, Forsyth, Montana
Glendale High School, Glendale, Arizona
John County High School, Buffalo, Wyoming
Lester Public High School, Lester, Washington
Moore Public Schools - District No. 44, Moore, Montana
Moorpark High School, Moorpark, California
Newcastle High School, Newcastle, Wyoming
Nogales Junior-Senior High School, Nogales, Arizona
North Gem School, Bancroft, Idaho
Ronan High School, Ronan, Montana
South Salem High School, Salem, Oregon
Westwood High School, Westwood, Lassen County, California
White Pine High School, Ely, Nevada

3

APPENDIX C

Report of Poll No. 56
of
The Purdue Opinion Panel

YOUTH'S ATTITUDES TOWARD MENTAL ILLNESS

June 1959

Division of Educational Reference
Purdue University
Lafayette, Indiana

YOUTH'S ATTITUDES TOWARD MENTAL ILLNESS

Report of Poll 56

of

THE PURDUE OPINION PANEL

June, 1959

Division of Educational Reference
Purdue University
Lafayette, Indiana

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Division of Educational Reference
Purdue University
Lafayette, Indiana

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YOUTH'S ATTITUDES TOWARD MENTAL ILLNESS

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I. INTRODUCTION

About one in every 10 persons in the United States (17 million) has some form of mental or emotional disorder requiring treatment. On any day of the year there are as many mental patients under treatment as all other patients combined. Mental and emotional illness costs the nation 3 billion dollars annually.* Such facts as these have made the importance of mental illness shockingly clear. It is recognized as the number one health problem in our nation today.

Recent research shows that mental illness is not only a psychiatric problem but a problem of public education. Such education attacks the problem of mental illness in several ways. It aims first at prevention. By raising the general level of people's understanding of themselves and others, and of the kinds of factors which lead to healthy and unhealthy patterns of behavior, mental health education attempts to reduce the long-range incidence of mental illness. A second aim is to increase people's understanding of the symptoms of mental illness. Treatment here, as in physical illness, is more rapid and lasting when given early in the course of the disease. Another aim of mental health education is to improve public attitudes toward former mental hospital patients and thus aid in their total rehabilitation.

To accomplish these aims the mental health educator needs to know the present state of knowledge and the attitudes of the people he is attempting to educate. Knowing the folklore and the misinformation in which the public believes, he will be more able to combat these conceptions. And by being aware of what valid beliefs the public holds the educator will be better able to build a constructive public conception of mental illness. Several large-scale studies have been completed on adults. This study will complement these by concentrating on the teenager and thus rounding out the picture of our population's conception of mental illness.

Why are youth's attitudes important? Teenagers will soon be voters and responsible for their communities' action or inaction in regard to mental illness. Most will shortly be parents with the responsibility of rearing children and there is considerable evidence that mental health is significantly related to child rearing practices.

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* From Facts About Mental Illness, a pamphlet prepared by the National Association for Mental Health, 1959.

The teenager's conception of mental illness is also very important while he is still a teenager. For one thing his attitudes influence his parents and other family members. He is also a part of the environment of returning mental patients, especially within his own family. Furthermore, the teenager is a major force in the environment of his contemporaries, some of whom may become mentally ill.

Finally, a study of youth will provide insights into the dynamics of the public's attitudes toward mental illness. That is, it will focus on the development of these attitudes by studying those who are about to bring their ideas into the adult community. In this way a study of teenagers will be a forecast of things to come and will aid the mental health educator in working with the changing attitudes that are pertinent to his field.

This poll is designed to elicit attitudinal information about the following topics: 1) the mental hospital and its personnel, 2) the mental hospital patient and former patient, 3) the prognosis of mental illness, 4) the normal-abnormal continuum, 5) the causes of mental illness. The items were selected in consultation with experts in the fields of clinical psychology, psychiatry, and psychological measurement. The questionnaire was first administered to a small group of high school students who were asked to criticize and comment on the items. Their remarks helped to guide the final editing of the items.

II. Results

More than half of the teenagers say there is a mental hospital nearby; and about one fourth of them have visited a mental hospital and one fourth have a relative in a mental hospital.

The mental hospital and its personnel

Most teenagers have favorable attitudes toward the mental hospital and its personnel. However, about one in four wouldn't work in a mental hospital for a summer and the same proportion wouldn't work in a hospital in their hometown. The statement that mental hospitals should have a high fence around them was also endorsed by one-fourth of the students. Most of the students expressed very favorable attitudes toward mental hospital personnel. Nearly 90% indicate that they regard hospital employees as good citizens and neighbors, and 83% reject the idea that mental hospital employees go into their field because of their own emotional difficulties. The low income group is less favorable toward the mental hospital and its personnel than are the middle and high income groups and boys are slightly less favorable toward mental hospital personnel than are girls.

The mental hospital patient and former patient

The teenagers' attitudes toward the mental patient are less favorable. Although 90% say that a mentally ill person is not a disgrace to his family, 37% indicate they wouldn't tell anyone if a member of their family was in a mental hospital. Over half say that mental patients have little regard for their own safety while about a third say these patients are dangerous and may commit violent acts. Teenagers are evenly split on whether it is natural to feel uncomfortable around a former mental patient. About 25% are very suspicious of the ex-patient and feel that he is more dangerous than the average person. One fourth of the students also say that it would be foolish to marry an ex-patient, and that police should make periodic check-ups on these persons. Persons in the low income group tend to be somewhat more suspicious of former patients than do those in the middle and high income groups.

Prognosis of mental illness

Only 10% of teenagers think that there is little that can be done for mental patients except custodial care, and nine out of 10 say that with proper care mental patients would get well enough to live outside the hospital. On the other hand, a third of the teenagers think that there is still little we can do to cure mental illness, and about that same number think that only a few patients are able to return to work in society again. Students from the low income group and from the South tend to be more pessimistic than their contemporaries about the prognosis of mental illness.

The normal-abnormal continuum

The question posed by this area is whether there are distinct differences between what is termed normal and abnormal; i. e., are mental illness and mental health qualitatively different? The responses to the items designed to measure this area show that most teenagers reject the idea that mental patients are extreme deviants. About nine out of 10 say that mental patients act in many ways like "normal" people and are capable of skilled labor. By about the same ratio they reject the idea that mental patients are no longer really human. Sixty per cent acknowledge that all of us show symptoms of mental illness at times. But they split about 50-50 on the questions of whether there is a sharp dividing line between "normal" and "abnormal" behavior, and whether it is easy to distinguish between mental patients and "normal" people. On the latter question students from the low income group feel quite sure of such differences. To a lesser degree, so do students whose mothers have only grade school education.

Causes of mental illness

The items in this area pertain to three variables that are thought to be important in causing mental illness. They are (1) lack of willpower or conscious control, (2) organic or physical factors, and (3) childhood experiences (usually of an interpersonal nature.)

When asked if one of the main causes of mental illness is a lack of personal strength or willpower, 57% say "Yes." About 40% agreed that "few people become mentally ill because they want to avoid the difficult problems of everyday life." Thus, most teenagers seem to be saying that those who become mentally ill are soft or weak and maybe trying to avoid everyday responsibilities. On the other hand four-fifths of them indicate that a person can become mentally ill even if he is "strong-willed."

About two-thirds of the sample think that nervous disorders are caused by overwork and physical exhaustion, but about the same number say that good physical health does not insure good mental health. Only one-third say that mental illness is hereditary. Teenagers seem uncertain about the influence of childhood experiences on the development of mental illness. They split evenly on whether there would be less mental illness if parents loved their children more. Also, about half think that mental patients are from homes where the parents took little interest in their children. One-third say that most emotional disorders of adults begin in grade school or before, while two-thirds say high school or after.

Many people associate insanity in some way with sex; 52% of America's youth feel that excessive sexual activity can cause insanity. Intelligence, also, is often thought to be related to insanity; a third of the teenagers say that highly educated people are more likely to "lose their minds" than others. Students from the western states tend to reject this idea more often than do students from other areas of the United States.

Multiple causation, the idea that there are always many factors leading to a mental illness, is one of the most basic ideas in the field of mental health. However, 62% of the teenagers agree that there is usually one experience that causes a person to become mentally ill. The responses to this item varied with "income" and "mother's education" -- fewer students whose mothers have a college education accept the idea and more students in the low income group accept it.

Some of the students associate religion and insanity. One student in seven says that insanity is "God's punishment for some sin or wrongdoing" and about half of the teenagers feel that people who attend church regularly are as likely to end up in a mental hospital as those who do not. Students from the low income group tend to associate religion and insanity more often than do the rest of the students.

Comparison with adults

Many of the items in Poll 56 were taken from other research in which adults were sampled. Most of the questions were modified to some extent, however, and only five were actually unchanged. The responses to these are presented in Table 1. The results for adults are taken from unpublished material provided by J. C. Nunnally of the University of Illinois. The adult sample is made up 349 individuals in the Urbana-Champaign area of Illinois. This sample is biased in terms of higher educational and economic level and thus probably presents a somewhat more sophisticated attitude than would a representative sample of the adult population. The adults responded on a seven-point scale from agree to disagree and this was collapsed into two categories with the original middle category divided equally between the two. The teenage sample responded in four categories and these were collapsed into two.

Table 1

Teenagers' Responses Compared with Adults' Responses

Item No.		Teenagers (Poll 56)		Adults (Nunnally)
21.	Physical exhaustion does not cause a nervous breakdown.			
		34%	Agree	49%
		65%	Disagree	51%
		1%	No response	0%
28.	Highly educated people are more likely to "lose their minds" than other people.			
		35%	Agree	44%
		64%	Disagree	56%
		1%	No response	0%
38.	People who attend church regularly are as likely to end up in a mental hospital as those who do not.			
		54%	Agree	45%
		45%	Disagree	55%
		1%	No response	0%
50.	Most of the people in mental hospitals speak in words that cannot be understood.			
		19%	Agree	22%
		79%	Disagree	78%
		2%	No response	0%
64.	Most of the insane have little regard for their own safety.			
		59%	Agree	58%
		37%	Disagree	42%
		4%	No response	0%

III. Summary and Conclusions

The following analysis is one way of looking at the results presented in this Poll. There are other ways of looking at them and other conclusions that could be drawn. We urge the reader to consider the results himself and make his own analysis.

Apparently, about 10% of American teenagers are quite negative in regard to almost everything connected with mental illness. They feel that mental hospital employees are not good citizens and neighbors, that a mentally ill person is a disgrace to his family, that little can be done for mental patients, and in general consider the mental patient as being an almost non-human entity. Another 15% to 20% endorse more moderate but still unfortunate ideas. However, in many cases the majority responds with what the writers believe to be more appropriate and constructive attitudes. To be more specific, 90% say that mental hospital personnel are desirable people, that mental patients have a good chance to recover, and that mental patients in many ways act like "normal" people.

Some of the results are especially interesting. They are grouped below according to their apparent correctness or constructiveness.

Non-constructive attitudes of teenagers toward mental illness

Thirty-seven per cent wouldn't tell anyone if a member of their family was in a mental hospital.

One out of four would have the police make periodic check-ups on former mental patients.

Two-thirds say that a nervous breakdown is the result of overwork.

Fifty-two per cent feel that excessive sexual activity can cause insanity.

One-third think highly educated people are more likely to "lose their minds" than other people.

Sixty-two per cent say that usually, one experience causes a person to become mentally ill.

Constructive attitudes of teenagers toward mental illness

Twenty-two per cent have visited a mental hospital.

Nine out of ten say that a mental patient is not a disgrace to his family.

Eight-six per cent think that something more can be done for patients in mental hospitals than custodial care.

Sixty per cent say that all of us show symptoms of mental illness at one time or another.

Two-thirds wouldn't mind working in a mental hospital for a summer.

Nine out of ten feel that more money should be spent to help reduce mental illness.

The introduction pointed out that public education can attack the problem of mental illness by increasing public understanding of mental illness and by improving public attitudes toward former mental patients. Although the results of this Poll are encouraging in many respects, they indicate a substantial amount of misperception and a lack among teenagers of desirable attitudes toward many aspects of mental illness. Further, the similarity of attitudes among students of different grades in school indicates that the mental health education provided by our high schools leaves much to be desired. We must conclude that the status of mental health education in America does not encourage complacency.

A WORD ABOUT TECHNIQUE

The reader may wish to clarify his thinking about the distinction in terminology which is made in this report between "Poll" and "Panel." The term "Poll" is used to refer to the questions asked students. The term "Panel" refers to the annual body or sample of students whose schools have subscribed to the polls.

Polls of THE PURDUE OPINION PANEL are given by the high schools to approximately 6,000 - 17,000 students in high schools all over the nation. Students record their answers anonymously on a special ballot card. When the cards are returned to Purdue University, these marks are converted into punched holes, making it possible for all the data to be tabulated on International Business Machine equipment. Each school is sent a report of its own results in addition to this national report.

The first part of each poll asks a number of questions establishing the individual's sex, school grade, and home environment. A pupil's response to the "house-home" scale gives an estimate of socio-economic status. Students are also asked to give the level of education their mothers reached, since we found this to be related to many attitudes.

About 17,000 high school pupils from all sections of the United States replied to this poll. A sample of 2,000 pupils was drawn so that analyses of results could be made on a group as nearly representative of the nations high school pupils as our data would permit. The sample was stratified according to grade, sex, residence, and geographical region; but strictly randomized from our total return with respect to all other characteristics. The composition of this sample is shown in the following tables.

Table 1

Composition in Percentages of the High School Sample
on Which This Analysis is Based

Total Number in Sample
2,000

	Census	Poll
Boys	48.8	48.8
Girls	51.2	51.2
10th Grade	39.7	41.8
11th Grade	32.8	30.9
12th Grade	27.5	27.3
East	23.4	23.4
Midwest	30.1	30.1
South	32.0	32.0
West	14.5	14.5
Rural	35.9	35.9
Urban	64.1	64.1

	Poll
Mothers Education	
Grade School	43.0
High School	44.7
College	12.3
Income	
Low	12.3
Medium	56.8
High	30.9
Protestant	67.5
Catholic	20.5
Jewish	2.5
Other	9.5

Table 2

Percentage in Each Stratification Cell of the Sample

	Total		East		Midwest		South		West	
	Census	Poll	Census	Poll	Census	Poll	Census	Poll	Census	Poll
Rural Boy										
Grade 10	6.3	6.3	.9	.9	2.0	2.0	2.8	4.0	.6	.6
Grade 11	5.2	5.2	.8	.8	1.7	1.7	2.2	2.2	.6	.6
Grade 12	4.4	4.4	.6	.6	1.5	1.5	1.8	1.8	.4	.4
Rural Girl										
Grade 10	6.8	6.8	1.0	1.0	2.0	2.0	3.1	4.1	.6	.6
Grade 11	5.7	5.7	.8	.8	1.9	1.9	2.4	3.2	.6	.6
Grade 12	4.5	4.5	.6	.6	1.4	1.4	2.0	2.0	.4	.4
Urban Boy										
Grade 10	13.0	13.9	3.6	3.6	3.8	3.8	3.4	4.3	2.3	2.3
Grade 11	10.8	9.9	3.0	3.0	3.2	3.2	2.7	1.8	1.9	1.9
Grade 12	9.0	9.0	2.6	2.6	2.8	2.8	2.2	2.2	1.5	1.5
Urban Girl										
Grade 10	13.6	14.7	3.7	3.6	3.8	3.8	3.8	5.0	2.2	2.2
Grade 11	11.2	10.2	3.1	3.2	3.2	3.2	3.0	1.9	1.8	1.8
Grade 12	9.5	9.4	2.6	2.6	2.8	2.8	2.5	2.4	1.5	1.5
Total	100.0	100.0	23.4	23.4	30.1	30.1	32.0	32.0	14.5	14.5

Statistics from the Biennial Survey of Education (1953-54) and the U.S. Census, 1950

NOTE REGARDING THE TABLES

The tables on the following pages give the percentage choosing each response, by total sample and the various sub-samples or categories of the sample. The percentages in these tables will not total 100% for all questions; rounding error will cause the total to be a percentage point high or low in some cases and many percentages total less than 100% because of questions omitted by some people.

	TOTAL SAMPLE	SEX		GRADE		
		BOYS	GIRLS	10	11	12
8. Have you ever visited a mental hospital?						
(3E) Yes	22	21	22	22	19	23
(3F) No	75	75	75	74	77	75
9. Is there a mental hospital in or near your hometown?						
(3G) Yes	54	50	58	62	47	50
(3H) No	40	43	38	33	47	44
10. Have you a relative that is or has been a patient in a mental hospital?						
(3I) Yes	22	20	23	21	20	25
(3J) No	71	72	70	72	71	69
12. If parents loved their children more, there would be less mental illness.						
(7A) Agree	28	29	27	27	29	29
(7B) Undecided; probably agree	22	23	22	21	23	23
(7C) Undecided; probably disagree	16	16	16	18	14	15
(7D) Disagree	33	33	33	34	33	32
13. All of us show symptoms of mental illness at one time or another.						
(7E) Agree	41	42	41	39	40	47
(7F) Undecided; probably agree	19	18	20	19	20	18
(7G) Undecided; probably disagree	15	15	14	16	15	13
(7H) Disagree	24	24	24	25	25	22
14. A person can become mentally ill even if he is strong-willed.						
(7I) Agree	64	61	66	61	64	67
(7J) Undecided; probably agree	17	18	16	19	16	14
(7K) Undecided; probably disagree	9	9	9	10	8	8
(7L) Disagree	10	11	8	9	10	10
15. Few people become mentally ill because they want to avoid the difficult problems of everyday life.						
(8A) Agree	28	28	27	29	24	29
(8B) Undecided; probably agree	14	15	14	16	14	13
(8C) Undecided; probably disagree	17	18	16	17	17	16
(8D) Disagree	40	39	42	37	43	41
16. Regardless of how you look at it, patients with severe mental illness are no longer human.						
(8E) Agree	6	7	4	6	6	6
(8F) Undecided; probably agree	6	7	5	6	5	6
(8G) Undecided; probably disagree	13	15	11	12	13	13
(8H) Disagree	75	71	79	76	75	74

MOTHERS' EDUCATION			RELIGION			INCOME			REGION				COMMUNITY	
GRADE	HIGH	COLL	PROT	CATH	OTHER	LOW	MED	HIGH	EAST	MIDWEST	SOUTH	WEST	RURAL	URBAN
21	20	28	22	18	23	17	20	26	16	20	28	18	20	22
76	76	68	75	79	73	79	77	70	81	77	69	77	77	74
51	54	61	53	57	49	44	54	57	58	61	50	42	42	60
43	39	32	42	35	43	48	40	36	37	33	44	50	52	34
26	18	22	21	18	26	30	21	20	18	20	26	20	24	20
68	73	74	71	73	68	60	72	73	75	73	66	72	68	72
27	28	30	27	29	32	30	28	27	29	29	29	22	27	28
22	23	21	24	19	22	22	23	21	21	23	22	23	22	22
19	15	10	16	17	18	15	17	15	13	16	16	19	15	16
32	33	38	33	34	27	33	32	36	36	32	32	34	34	32
41	40	46	41	41	42	49	40	41	37	43	44	40	42	41
22	17	14	19	20	16	14	20	20	21	18	19	18	20	18
13	16	15	16	10	18	14	15	14	13	16	12	18	14	15
24	25	24	23	28	24	21	25	25	28	21	24	23	23	25
64	64	62	64	64	62	69	63	62	65	64	63	64	66	62
17	17	15	16	18	18	13	17	16	16	17	17	17	16	17
9	9	9	10	6	9	7	9	9	9	8	9	9	7	9
9	9	13	9	9	9	8	9	10	9	10	10	9	9	10
31	26	23	28	27	24	36	27	25	24	27	32	24	30	26
15	14	12	15	12	19	20	14	12	14	10	20	12	16	14
18	15	17	18	15	16	13	17	18	17	18	13	20	14	18
35	44	45	39	45	39	29	41	43	44	44	33	42	39	41
5	5	7	5	7	4	8	4	6	4	7	6	5	5	6
7	5	5	6	5	6	9	5	5	5	6	8	3	6	6
13	13	11	12	13	16	14	13	12	15	10	12	16	11	13
75	75	75	76	73	72	66	76	76	76	77	73	75	77	74

	TOTAL SAMPLE	SEX		GRADE		
		BOYS	GIRLS	10	11	12
17. When a person has a problem or a worry, it is best not to think about it, but keep busy with more pleasant things.						
(8I) Agree	42	43	42	39	45	44
(8J) Undecided; probably agree	13	14	12	14	12	13
(8K) Undecided; probably disagree	10	10	10	11	10	8
(8L) Disagree	34	33	36	36	32	34
18. Patients in mental hospitals in many ways act like "normal" people.						
(9A) Agree	68	65	71	68	67	68
(9B) Undecided; probably agree	18	19	16	18	18	16
(9C) Undecided; probably disagree	7	7	7	7	6	8
(9D) Disagree	7	8	6	7	6	7
19. All those who take part in a child's training in early life are partially responsible for a mental illness which develops at a later age.						
(9E) Agree	23	23	24	22	23	25
(9F) Undecided; probably agree	16	17	16	17	17	15
(9G) Undecided; probably disagree	20	20	20	19	18	23
(9H) Disagree	38	37	39	38	40	36
20. Excessive sexual activity can cause insanity.						
(9I) Agree	28	28	28	28	28	27
(9J) Undecided; probably agree	24	22	26	25	24	22
(9K) Undecided; probably disagree	22	21	22	22	22	21
(9L) Disagree	26	29	23	24	26	29
21. Physical exhaustion does not lead to a nervous breakdown.						
(10A) Agree	22	26	18	24	20	23
(10B) Undecided; probably agree	12	13	11	12	12	12
(10C) Undecided; probably disagree	18	18	18	19	18	17
(10D) Disagree	47	43	51	46	50	47
22. People would not become mentally ill if they avoided bad thoughts.						
(10E) Agree	9	11	7	10	8	8
(10F) Undecided; probably agree	11	12	9	12	11	10
(10G) Undecided; probably disagree	19	20	18	19	19	21
(10H) Disagree	60	56	64	59	61	61

MOTHERS' EDUCATION			RELIGION			INCOME			REGION				COMMUNITY	
GRADE	HIGH	COLL	PROT	CATH	OTHER	LOW	MED	HIGH	EAST	MIDWEST	SOUTH	WEST	RURAL	URBAN
47	39	34	43	44	39	50	43	37	43	36	51	31	45	41
13	13	13	13	13	15	13	13	13	13	12	13	14	12	14
9	10	13	11	7	9	10	10	11	8	13	8	12	10	10
30	37	40	34	36	35	24	34	39	35	38	26	42	33	35
66	68	74	69	67	64	62	67	71	67	70	64	72	66	69
19	18	10	17	19	15	23	18	15	16	17	20	16	18	17
7	6	9	7	6	11	7	7	7	9	6	7	5	8	6
7	6	6	7	7	8	6	7	6	6	7	8	5	6	7
23	23	29	23	24	18	23	22	26	24	26	23	16	22	24
17	17	11	16	16	22	16	17	16	17	17	14	18	16	16
22	19	17	20	21	21	20	21	18	19	19	20	23	17	22
38	37	40	38	38	36	38	38	37	38	35	39	41	42	36
29	28	24	28	29	28	36	27	27	26	26	33	24	30	27
25	22	26	25	23	23	22	24	24	24	23	24	22	25	23
22	22	20	22	23	20	20	24	18	22	22	18	25	18	23
24	27	30	26	24	28	21	25	30	26	28	23	28	27	25
22	23	22	21	21	28	23	22	21	20	25	22	20	22	22
14	11	11	12	12	11	16	12	11	10	10	16	11	14	11
19	17	18	18	17	16	19	18	16	17	17	18	19	16	18
46	49	49	48	49	44	40	47	50	52	47	43	48	48	47
10	8	6	8	10	11	17	8	7	7	6	13	7	9	9
11	11	9	11	9	13	9	11	10	11	10	11	9	11	10
22	18	17	20	18	20	20	21	17	18	20	19	19	18	20
57	61	67	61	62	53	51	59	66	6	62	55	64	61	60

	TOTAL SAMPLE	SEX		GRADE		
		BOYS	GIRLS	10	11	12
23. Only a few of the patients in mental hospitals are able to return to work in society.						
(10I) Agree	18	19	17	17	18	19
(10J) Undecided; probably agree	12	13	10	12	11	12
(10K) Undecided; probably disagree	20	20	19	21	20	18
(10L) Disagree	49	46	51	48	49	49
24. Many patients in mental hospitals are capable of skilled labor, even though in some ways they are very ill mentally.						
(11A) Agree	74	73	75	74	75	73
(11B) Undecided; probably agree	14	14	13	14	14	13
(11C) Undecided; probably disagree	5	5	4	5	4	6
(11D) Disagree	5	6	4	4	5	5
25. There is something about mental patients that makes it easy to tell them from normal people.						
(11E) Agree	32	32	33	33	32	32
(11F) Undecided; probably agree	19	19	20	19	20	20
(11G) Undecided; probably disagree	17	17	16	18	17	15
(11H) Disagree	32	32	32	32	31	33
26. There is a sharp dividing line between "normal" and "abnormal" behavior.						
(11I) Agree	28	29	28	28	29	28
(11J) Undecided; probably agree	18	18	18	19	17	18
(11K) Undecided; probably disagree	15	14	15	15	14	14
(11L) Disagree	37	38	37	36	38	39
27. Very few mental disorders have their beginnings in childhood.						
(12A) Agree	21	22	20	22	20	20
(12B) Undecided; probably agree	14	16	12	14	14	14
(12C) Undecided; probably disagree	21	20	22	21	20	22
(12D) Disagree	42	40	44	42	44	42
28. Highly educated people are more likely to "lose their minds" than other people.						
(12E) Agree	22	22	21	21	21	24
(12F) Undecided; probably agree	13	13	12	12	12	14
(12G) Undecided; probably disagree	22	23	21	22	22	21
(12H) Disagree	42	41	44	42	44	39

MOTHERS' EDUCATION			RELIGION			INCOME			REGION				COMMUNITY	
GRADE	HIGH	COLL	PROT	CATH	OTHER	LOW	MED	HIGH	EAST	MIDWEST	SOUTH	WEST	RURAL	URBAN
21	16	14	18	17	20	30	17	15	13	15	24	17	19	17
13	11	9	12	11	14	16	11	11	12	11	13	11	12	11
20	20	17	21	18	19	13	22	19	17	21	21	19	18	20
44	51	57	48	51	46	39	48	52	54	52	40	52	48	49
72	75	79	75	73	71	71	73	77	76	76	71	74	73	75
16	13	8	13	15	15	16	15	10	13	12	16	11	15	13
6	4	4	5	4	7	5	5	4	4	3	6	6	4	5
4	4	7	4	5	6	4	4	6	3	6	4	5	6	4
37	30	23	33	31	32	49	32	27	30	28	43	22	37	30
19	21	17	20	19	21	14	20	20	21	19	18	21	17	21
18	16	17	17	18	12	13	18	15	16	19	15	15	16	17
28	33	43	31	33	35	24	30	38	34	34	23	42	31	32
35	25	16	29	26	25	50	27	22	25	22	41	19	35	25
20	17	15	19	17	21	16	19	17	16	17	21	16	19	17
14	17	11	14	15	17	13	16	13	17	14	13	16	12	16
30	39	56	36	41	34	18	37	46	41	46	23	46	32	40
25	19	15	20	23	21	29	20	18	20	17	26	18	23	20
15	13	13	14	12	17	17	12	15	12	14	16	10	14	14
22	21	19	22	21	18	20	22	20	22	20	22	21	20	22
37	46	50	42	43	42	33	43	44	43	47	34	49	42	42
24	20	18	23	20	17	29	20	21	22	21	25	15	24	21
13	12	11	13	12	13	11	12	13	12	12	14	11	9	14
23	21	22	22	23	21	22	23	20	23	23	20	22	23	21
39	44	47	41	42	48	36	43	43	41	43	39	51	43	42

		TOTAL SAMPLE	SEX		GRADE		
			BOYS	GIRLS	10	11	12
29.	If you investigate thoroughly enough there is usually one experience that causes a person to become mentally ill.						
	(12I) Agree	40	38	42	40	41	38
	(12J) Undecided; probably agree	22	22	21	22	21	22
	(12K) Undecided; probably disagree	15	15	15	16	14	14
	(12L) Disagree	22	24	20	20	22	24
30.	Most mental patients come from homes where the parents took little interest in their children.						
	(13A) Agree	20	22	19	21	20	21
	(13B) Undecided; probably agree	22	22	22	23	23	21
	(13C) Undecided; probably disagree	22	22	21	21	21	23
	(13D) Disagree	35	33	37	34	35	35
31.	Insanity is God's punishment for some sin or wrongdoing.						
	(13E) Agree	6	8	4	6	6	4
	(13F) Undecided; probably agree	8	9	8	8	10	7
	(13G) Undecided; probably disagree	12	14	10	13	11	10
	(13H) Disagree	73	68	78	72	71	77
32.	With proper care, most mental patients would get well enough to live outside the hospital.						
	(13I) Agree	74	74	74	72	73	77
	(13J) Undecided; probably agree	14	14	15	15	14	13
	(13K) Undecided, probably disagree	5	6	4	5	6	4
	(13L) Disagree	5	5	5	6	5	4
33.	A nervous breakdown is the result of overwork.						
	(14A) Agree	44	45	43	45	43	43
	(14B) Undecided; probably agree	23	22	23	22	22	23
	(14C) Undecided; probably disagree	12	12	13	13	13	12
	(14D) Disagree	21	21	20	19	21	23
34.	One of the main causes of mental illness is a lack of personal strength or willpower.						
	(14E) Agree	34	37	32	34	35	35
	(14F) Undecided; probably agree	23	24	22	23	23	23
	(14G) Undecided; probably disagree	17	16	18	18	15	17
	(14H) Disagree	24	23	26	24	25	24

MOTHERS' EDUCATION			RELIGION			INCOME			REGION				COMMUNITY	
GRADE	HIGH	COLL	PROT	CATH	OTHER	LOW	MED	HIGH	EAST	MIDWST	SOUTH	WEST	RURAL	URBAN
45	38	32	39	43	36	47	40	37	38	36	44	39	43	38
22	23	16	22	21	24	24	21	23	21	22	22	22	21	22
13	16	17	16	12	17	12	15	15	16	14	15	16	12	16
19	22	34	22	21	22	14	22	24	23	27	17	21	22	22
21	20	17	19	21	26	20	20	20	21	18	22	19	21	20
22	22	23	24	18	23	18	22	24	20	24	22	22	21	23
24	20	21	23	22	18	24	22	21	22	21	21	23	20	23
33	36	38	34	37	32	37	35	33	36	35	33	35	37	33
7	5	5	5	4	7	13	4	6	5	5	7	5.	7	5
11	6	8	9	8	8	11	8	8	5	9	11	6	9	8
13	12	8	12	11	11	14	12	11	12	11	13	10	12	12
69	76	78	73	75	71	60	75	75	78	73	67	78	70	74
76	72	71	74	72	73	75	74	72	76	71	74	73	74	73
14	14	15	15	15	12	13	15	14	14	15	14	13	12	15
5	6	5	5	4	6	4	5	6	5	5	5	7	5	5
4	5	7	4	7	6	6	4	6	4	6	4	6	6.	4
44	43	44	46	42	34	44	44	44	48	42	44	40	41	45
22	23	21	22	23	26	21	24	21	19	25	23	20	23	22
13	12	11	12	13	15	13	12	12	13	11	12	14	11	13
21	20	22	20	21	24	21	20	21	20	20	20	25	23	19
34	35	32	34	35	34	40	33	34	31	35	37	31	39	32
24	22	24	23	23	25	20	24	22	25	23	22	21	20	24
17	17	16	18	14	17	15	17	17	16	14	17	22	14	18
23	25	27	25	25	21	22	24	25	26	26	21	23	24	24

	TOTAL SAMPLE	SEX		GRADE		
		BOYS	GIRLS	10	11	12
35. Mental illness is seldom inherited.						
(14I) Agree	47	46	49	49	48	45
(14J) Undecided; probably agree	15	15	15	14	16	17
(14K) Undecided; probably disagree	13	12	13	13	12	13
(14L) Disagree	22	24	20	22	21	23
36. More money should be spent to help reduce mental illness.						
(15A) Agree	73	72	74	71	73	77
(15B) Undecided; probably agree	16	17	16	17	17	14
(15C) Undecided; probably disagree	4	4	4	5	4	3
(15D) Disagree	4	5	4	5	4	4
37. In spite of our best efforts there is still very little we can do to cure mental illness.						
(15E) Agree	19	20	19	20	19	19
(15F) Undecided; probably agree	14	14	14	13	15	13
(15G) Undecided; probably disagree	19	19	19	20	19	17
(15H) Disagree	46	45	46	45	45	49
38. People who attend church regularly are as likely to end up in a mental hospital as those who do not.						
(15I) Agree	43	43	43	44	42	42
(15J) Undecided; probably agree	11	11	12	11	11	11
(15K) Undecided; probably disagree	12	12	11	12	12	12
(15L) Disagree	33	33	32	32	33	33
39. The brain cannot be overworked to the point of insanity.						
(16A) Agree	14	15	12	14	14	12
(16B) Undecided; probably agree	9	8	9	9	11	7
(16C) Undecided; probably disagree	16	16	15	17	13	17
(16D) Disagree	61	59	62	59	60	64
40. Mentally ill people were born with the kind of nervous system that made it easy for them to become mentally ill.						
(16E) Agree	13	15	11	12	15	12
(16F) Undecided; probably agree	15	17	13	13	18	14
(16G) Undecided; probably disagree	20	20	20	21	17	22
(16H) Disagree	49	46	53	51	47	50

MOTHERS' EDUCATION			RELIGION			INCOME			REGION				COMMUNITY	
GRADE	HIGH	COLL	PROT	CATH	OTHER	LOW	MED	HIGH	EAST	MIDWEST	SOUTH	WEST	RURAL	URBAN
47	48	47	48	45	48	41	48	49	47	49	46	47	48	47
15	15	14	15	14	19	16	15	15	16	14	15	15	14	16
14	12	14	13	14	10	14	12	14	13	13	12	12	12	13
21	21	24	22	22	20	24	23	19	20	21	23	23	24	21
73	74	69	74	73	71	69	75	71	74	74	74	68	74	73
17	16	15	16	17	15	14	17	16	15	17	14	21	17	16
4	4	5	4	2	7	6	3	5	4	3	5	5	4	4
5	3	8	4	5	5	7	3	5	4	4	4	5	4	5
19	20	18	20	18	17	25	19	18	20	17	22	19	21	18
16	12	11	14	15	15	17	15	11	12	14	16	10	14	14
18	20	15	19	20	18	20	19	18	19	19	17	20	16	20
44	46	54	46	45	47	35	46	49	47	48	43	47	47	46
45	43	34	42	44	48	47	43	40	43	46	41	40	47	41
12	10	14	12	9	15	13	11	11	10	9	12	14	10	12
11	12	14	13	8	12	9	11	15	11	11	12	14	9	13
31	34	35	33	37	24	29	34	32	34	32	33	31	32	33
11	16	15	13	15	13	17	13	14	13	15	13	13	13	14
10	8	7	9	9	10	10	10	6	8	8	9	10	9	9
17	16	10	16	14	17	20	16	13	16	16	16	13	15	16
61	59	65	61	60	58	50	60	65	61	59	60	64	62	60
13	13	13	12	14	13	16	12	13	11	14	13	12	13	13
16	16	12	16	13	17	19	16	13	11	14	18	18	15	15
22	18	20	20	19	21	19	20	19	20	18	22	19	18	21
48	51	52	50	51	46	42	49	53	55	52	43	49	50	49

	TOTAL SAMPLE	SEX		GRADE		
		BOYS	GIRLS	10	11	12
41. People who are mentally ill let their emotions control them instead of their minds.						
(16I) Agree	57	58	56	56	58	57
(16J) Undecided; probably agree	25	24	25	24	24	26
(16K) Undecided; probably disagree	8	8	8	8	8	8
(16L) Disagree	8	8	9	10	8	7
42. Most emotional difficulties of adults begin						
(17A) before grade school.	16	13	18	13	17	18
(17B) during grade school.	14	15	14	15	13	15
(17C) during high school.	28	27	29	28	27	29
(17D) after high school.	40	42	38	40	41	38
43. There is little that can be done for patients in a mental hospital except to see that they are comfortable and well fed.						
(17E) Agree	6	6	6	7	5	6
(17F) Undecided; probably agree	5	6	4	6	5	4
(17G) Undecided; probably disagree	12	14	11	12	13	12
(17H) Disagree	74	71	76	72	74	76
44. People who are in good physical condition seldom have emotional disorders.						
(17I) Agree	16	17	14	17	13	17
(17J) Undecided; probably agree	13	13	12	13	12	13
(17K) Undecided; probably disagree	18	18	17	19	18	15
(17L) Disagree	52	50	53	49	54	52
45. I would not be opposed to having a mental hospital near my hometown.						
(18A) Agree	66	67	66	66	62	70
(18B) Undecided; probably agree	12	12	13	12	14	11
(18C) Undecided; probably disagree	6	7	6	6	7	6
(18D) Disagree	14	14	14	14	15	12
46. Most of the people who work in mental hospitals do so because the job is so easy.						
(18E) Agree	4	5	2	5	3	2
(18F) Undecided; probably agree	3	4	3	2	5	3
(18G) Undecided; probably disagree	10	13	8	10	11	10
(18H) Disagree	81	76	85	81	79	83

MOTHERS' EDUCATION			RELIGION			INCOME			REGION				COMMUNITY	
GRADE	HIGH	COLL	PROT	CATH	OTHER	LOW	MED	HIGH	EAST	MIDWEST	SOUTH	WEST	RURAL	URBAN
57	58	54	59	55	52	55	57	57	59	57	56	56	60	56
24	26	23	25	25	26	25	25	25	23	25	26	24	25	25
9	7	9	7	9	12	7	8	9	7	8	8	9	6	9
9	7	9	8	8	8	9	8	8	7	9	8	10	8	8
14	16	20	15	16	16	11	14	19	13	18	13	19	15	16
12	16	17	15	13	13	11	15	15	13	18	12	13	16	14
28	28	28	27	31	29	24	29	28	31	26	29	24	25	29
44	38	32	41	38	38	52	40	35	40	35	43	41	43	38
8	5	6	6	7	6	14	4	6	3	6	8	6	7	5
6	4	4	5	4	5	7	4	6	3	4	8	3	5	4
13	13	8	12	12	15	12	13	11	10	12	14	13	10	13
71	75	80	74	72	72	62	76	75	81	75	66	76	74	73
16	16	13	15	17	14	23	13	16	13	13	19	17	18	14
14	11	12	13	12	14	14	13	12	10	11	15	14	13	13
18	17	19	19	14	21	16	18	17	18	18	16	19	15	19
50	53	51	51	54	48	41	54	51	54	55	47	48	51	52
65	67	69	69	60	63	63	66	67	61	68	68	65	67	66
12	13	8	11	15	13	9	12	12	13	12	11	12	12	12
7	6	6	6	8	5	7	6	6	8	6	5	6	5	7
15	13	15	13	14	18	19	13	12	14	12	14	15	14	14
5	2	3	3	4	5	9	2	4	1	3	5	3	4	3
4	3	3	3	3	3	6	3	2	3	2	4	2	4	3
11	10	9	10	10	13	13	11	8	9	10	12	10	9	11
79	82	83	82	78	77	71	82	83	84	82	76	83	81	81

	TOTAL SAMPLE	SEX		GRADE		
		BOYS	GIRLS	10	11	12
47. It is only natural to feel uncomfortable around a former mental patient.						
(18I) Agree	31	34	29	29	33	33
(18J) Undecided; probably agree	18	18	18	18	18	19
(18K) Undecided; probably disagree	14	15	13	14	15	12
(18L) Disagree	35	31	38	37	33	34
48. If a member of my family were a patient in a mental hospital, I wouldn't tell other people about it.						
(19A) Agree	20	26	14	21	19	18
(19B) Undecided; probably agree	17	19	15	17	17	16
(19C) Undecided; probably disagree	21	18	23	20	19	22
(19D) Disagree	40	34	45	38	41	41
49. If I owned an empty lot beside my house, I would be willing to sell it to a former mental hospital patient.						
(19E) Agree	55	56	55	59	51	54
(19F) Undecided; probably agree	20	18	23	18	25	19
(19G) Undecided; probably disagree	8	8	8	7	7	11
(19H) Disagree	13	14	11	12	13	13
50. Most of the people in mental hospitals speak in words that cannot be understood.						
(19I) Agree	8	9	7	8	8	8
(19J) Undecided; probably agree	10	10	10	10	11	9
(19K) Undecided; probably disagree	21	21	21	21	21	21
(19L) Disagree	58	58	59	58	59	58
51. I wouldn't mind working in a mental hospital for a summer (assuming the pay was similar to what I would get elsewhere.)						
(20A) Agree	53	49	57	55	50	53
(20B) Undecided; probably agree	13	13	13	13	15	10
(20C) Undecided; probably disagree	9	10	8	9	9	9
(20D) Disagree	22	25	19	19	23	25
52. Mental hospitals are excellently run and very helpful for mental patients.						
(20E) Agree	54	51	56	59	51	49
(20F) Undecided; probably agree	21	22	19	18	23	22
(20G) Undecided; probably disagree	8	8	8	7	9	9
(20H) Disagree	14	15	13	13	14	16

MOTHERS' EDUCATION			RELIGION			INCOME			REGION				COMMUNITY	
GRADE	HIGH	COLL	PROT	CATH	OTHER	LOW	MED	HIGH	EAST	MIDWST	SOUTH	WEST	RURAL	URBAN
31	33	27	30	34	34	35	31	31	30	28	34	33	32	31
20	17	18	19	17	17	17	19	17	19	19	16	18	17	19
16	13	10	14	12	16	16	15	11	14	14	13	13	13	14
33	35	40	36	34	30	29	34	38	33	37	34	35	36	34
17	20	26	18	23	22	18	20	19	22	23	15	19	16	21
17	17	16	17	19	18	11	19	16	17	18	14	21	15	18
21	21	18	22	18	19	20	21	20	22	21	19	18	19	21
42	39	36	41	37	38	46	38	41	34	35	49	39	46	37
52	56	64	56	57	51	46	55	59	59	56	52	55	55	55
22	20	16	21	20	18	20	22	17	19	21	19	23	21	20
9	8	5	8	7	10	9	8	8	8	9	8	8	6	9
14	12	12	12	12	18	19	11	12	11	10	17	12	14	12
10	7	4	8	8	8	18	7	6	7	7	11	4	9	7
11	10	8	9	12	11	12	10	8	8	10	12	8	11	9
24	19	19	22	21	21	21	22	19	24	19	21	19	18	22
54	60	66	59	55	58	46	58	63	59	61	53	65	60	58
52	53	57	53	53	48	48	52	56	54	55	52	49	52	53
14	12	14	14	13	10	16	13	12	15	12	13	12	12	13
9	10	6	9	10	8	9	10	7	9	11	7	8	9	9
23	22	21	22	20	31	23	23	21	18	20	24	28	24	21
60	50	45	54	54	51	56	55	50	51	52	59	50	59	51
20	20	24	21	20	23	19	21	21	21	20	19	23	20	21
7	9	8	8	7	8	8	8	9	8	9	6	9	6	9
10	17	19	13	15	14	12	14	15	15	16	11	14	12	15

	TOTAL SAMPLE	SEX		GRADE		
		BOYS	GIRLS	10	11	12
53. Very few of the people in mental hospitals are likely to commit violent acts.						
(20I) Agree	32	34	31	36	28	32
(20J) Undecided; probably agree	22	21	23	22	22	22
(20K) Undecided; probably disagree	17	16	18	15	19	17
(20L) Disagree	26	27	25	23	27	27
54. People who work in mental hospitals are usually sound, stable citizens.						
(21A) Agree	75	72	78	75	74	77
(21B) Undecided; probably agree	12	13	12	11	13	14
(21C) Undecided; probably disagree	5	6	3	5	6	2
(21D) Disagree	5	7	4	5	6	5
55. Most hospitals for the mentally ill treat their patients very badly.						
(21E) Agree	5	6	4	5	5	6
(21F) Undecided; probably agree	5	5	4	5	5	5
(21G) Undecided; probably disagree	19	19	20	18	22	18
(21H) Disagree	67	65	68	68	63	68
56. I wouldn't expect the employees of a mental hospital to be very friendly.						
(21I) Agree	8	9	6	8	7	7
(21J) Undecided; probably agree	4	5	3	4	4	4
(21K) Undecided; probably disagree	11	12	10	10	12	10
(21L) Disagree	72	69	75	72	71	74
57. People who become mentally ill are a disgrace to their family.						
(22A) Agree	4	4	4	5	3	3
(22B) Undecided; probably agree	4	5	3	5	5	3
(22C) Undecided; probably disagree	10	11	8	11	10	8
(22D) Disagree	80	78	82	77	80	85
58. People who were once patients in mental hospitals are no more dangerous than the average person.						
(22E) Agree	48	46	49	50	47	46
(22F) Undecided; probably agree	23	21	24	20	26	23
(22G) Undecided; probably disagree	13	15	12	13	12	14
(22H) Disagree	14	15	13	14	14	14

MOTHERS' EDUCATION			RELIGION			INCOME			REGION				COMMUNITY	
GRADE	HIGH	COLL	PROT	CATH	OTHER	LOW	MED	HIGH	EAST	MIDWST	SOUTH	WEST	RURAL	URBAN
31	32	36	33	31	28	29	31	35	33	31	32	32	33	32
22	22	25	22	22	24	20	22	22	21	25	21	21	22	22
18	17	13	18	14	18	19	16	17	13	18	17	20	15	18
27	25	21	25	28	26	26	27	23	29	23	26	23	27	25
73	76	80	77	74	68	61	77	77	72	78	75	77	75	75
14	11	9	12	14	14	17	12	10	15	12	11	11	11	13
5	4	4	5	4	5	8	3	5	4	4	5	4	5	4
7	5	3	5	5	8	8	5	5	6	5	6	5	7	5
6	5	6	5	5	5	6	5	5	5	6	5	4	6	5
5	5	6	5	5	5	7	5	4	6	5	5	3	5	5
19	20	19	20	19	20	22	20	17	17	21	20	18	19	20
67	67	65	66	67	66	61	66	69	67	65	65	73	67	66
8	7	7	7	9	7	12	7	6	7	5	11	5	9	7
5	4	3	4	5	3	7	3	4	4	4	5	2	3	5
13	10	9	11	10	13	11	11	11	11	10	10	12	11	10
70	74	75	73	70	69	62	74	73	73	75	68	75	71	73
4	4	6	4	5	4	6	3	5	4	5	3	4	4	4
5	3	5	4	4	5	2	4	4	3	5	5	2	4	4
10	10	9	9	11	14	11	11	7	9	9	9	12	8	11
80	80	79	82	77	75	78	80	81	79	79	81	81	83	79
46	49	49	48	49	42	41	48	50	48	50	44	49	47	48
23	22	20	24	19	24	27	23	19	20	23	23	24	23	22
13	13	13	13	13	12	13	12	14	12	12	15	12	13	13
15	12	14	12	16	18	16	13	14	14	12	15	13	14	13

	TOTAL SAMPLE	SEX BOYS	 GIRLS	GRADE 10	 11	 12
59. Every mental hospital should be surrounded by a high fence and guards.						
(22I) Agree	15	16	15	16	14	17
(22J) Undecided; probably agree	10	10	9	9	12	8
(22K) Undecided; probably disagree	18	19	16	17	20	16
(22L) Disagree	53	51	55	53	50	55
60. Although a former mental patient may seem all right, it is dangerous to forget for a moment that he was once mentally ill.						
(23A) Agree	13	14	11	13	14	11
(23B) Undecided; probably agree	11	13	9	11	11	12
(23C) Undecided; probably disagree	20	21	19	19	24	18
(23D) Disagree	53	49	57	54	48	58
61. People who work in mental hospitals need to be a bit mentally unbalanced themselves to work with their patients.						
(23E) Agree	5	6	4	5	5	4
(23F) Undecided; probably agree	3	4	2	3	4	2
(23G) Undecided; probably disagree	6	7	4	6	6	5
(23H) Disagree	83	80	86	81	83	86
62. If I owned an apartment house, I would be willing to rent an apartment to a mental hospital employee.						
(23I) Agree	76	74	79	76	75	78
(23J) Undecided; probably agree	10	11	9	11	10	8
(23K) Undecided; probably disagree	5	6	4	4	5	5
(23L) Disagree	6	7	6	6	7	7
63. It would not be wise to bring up your family in a town in which a mental hospital was located.						
(24A) Agree	5	6	5	6	5	5
(24B) Undecided; probably agree	5	7	3	4	5	5
(24C) Undecided; probably disagree	13	13	13	14	14	10
(24D) Disagree	74	72	76	73	72	77
64. Most of the insane have little regard for their own safety.						
(24E) Agree	38	41	35	38	37	39
(24F) Undecided; probably agree	21	20	22	22	22	20
(24G) Undecided; probably disagree	18	16	20	18	18	18
(24H) Disagree	19	20	19	19	20	20

MOTHERS' EDUCATION			RELIGION			INCOME			REGION				COMMUNITY	
GRADE	HIGH	COLL	PROT	CATH	OTHER	LOW	MED	HIGH	EAST	MIDWEST	SOUTH	WEST	RURAL	URBAN
17	14	14	15	15	15	26	14	14	13	13	20	14	18	14
10	10	7	10	10	9	9	10	9	9	9	10	9	10	9
20	17	13	18	18	18	17	18	16	18	20	17	15	17	18
50	54	60	53	52	53	42	54	55	54	55	47	58	51	54
14	11	15	12	13	11	24	11	11	12	10	17	11	14	12
13	11	6	11	11	15	13	11	10	9	10	13	12	11	11
20	22	14	21	21	17	18	22	17	20	19	21	19	19	20
51	53	61	54	51	53	40	52	59	53	58	47	56	53	53
5	4	8	4	6	8	11	4	4	4	4	6	4	5	5
3	3	2	3	4	2	7	3	2	3	2	4	3	3	3
7	5	5	5	6	8	7	6	5	7	5	6	5	5	6
82	83	83	85	80	79	72	84	85	80	85	81	86	84	82
73	78	79	77	76	73	66	78	77	76	78	73	80	75	77
10	10	8	9	11	10	13	9	8	9	10	10	9	11	9
6	4	2	5	4	6	7	4	4	4	4	6	4	4	5
8	5	7	6	6	8	8	6	7	5	6	8	6	7	6
5	5	6	5	7	5	10	4	6	6	5	6	5	6	5
6	4	5	5	5	3	9	4	5	6	4	5	5	5	5
16	12	7	12	14	18	14	14	10	13	13	13	12	13	13
72	75	78	75	72	73	64	75	76	71	76	73	77	75	74
39	37	38	38	37	39	44	37	37	35	39	41	32	43	36
22	21	18	22	20	22	20	23	18	23	22	20	19	18	22
19	17	17	18	21	14	15	18	19	18	18	16	22	16	19
17	20	23	19	18	22	15	19	22	18	18	18	26	21	19

	TOTAL SAMPLE	SEX		GRADE		
		BOYS	GIRLS	10	11	12
65. Our mental hospitals seem more like prisons than like places where mentally ill people can be cured.						
(24I) Agree	21	23	20	20	22	22
(24J) Undecided; probably agree	13	15	11	13	14	13
(24K) Undecided; probably disagree	22	19	24	20	24	24
(24L) Disagree	40	39	41	42	38	38
66. A person would be foolish to marry someone who once had a severe mental illness, even though he or she seems fully recovered.						
(25A) Agree	12	12	12	10	14	13
(25B) Undecided; probably agree	11	11	11	10	11	11
(25C) Undecided; probably disagree	23	22	23	22	23	23
(25D) Disagree	52	52	51	54	49	51
67. Most patients in mental hospitals are not dangerous.						
(25E) Agree	46	49	44	47	42	49
(25F) Undecided; probably agree	23	22	24	21	26	22
(25G) Undecided; probably disagree	15	13	16	14	16	15
(25H) Disagree	14	14	14	14	13	14
68. The police should make periodic check-ups on former mental hospital patients.						
(25I) Agree	16	15	16	16	17	13
(25J) Undecided; probably agree	13	13	13	13	14	13
(25K) Undecided; probably disagree	19	20	18	18	19	19
(25L) Disagree	49	49	49	50	46	51
69. Most mental hospital personnel go into their field because of their own emotional difficulties.						
(26A) Agree	7	9	6	7	7	7
(26B) Undecided; probably agree	7	8	7	8	7	6
(26C) Undecided; probably disagree	12	14	10	12	12	11
(26D) Disagree	71	67	74	68	70	75
70. If I owned an apartment house, I would be willing to rent living quarters to a former mental hospital patient.						
(26E) Agree	59	59	59	62	55	58
(26F) Undecided; probably agree	20	20	20	18	22	21
(26G) Undecided; probably disagree	8	9	8	7	9	9
(26H) Disagree	9	9	9	9	9	10

MOTHERS' EDUCATION			RELIGION			INCOME			REGION				COMMUNITY	
GRADE	HIGH	COLL	PROT	CATH	OTHER	LOW	MED	HIGH	EAST	MIDWEST	SOUTH	WEST	RURAL	URBAN
21	21	22	22	22	15	28	20	21	21	20	23	18	22	20
13	13	15	13	13	18	14	12	13	10	13	14	14	14	12
20	24	22	22	22	21	20	23	20	22	24	19	22	19	24
43	38	36	39	40	43	32	41	41	41	39	38	43	41	39
12	11	15	12	14	9	16	11	11	10	13	12	12	11	12
11	11	9	11	13	8	9	12	10	11	11	10	11	10	11
23	23	20	23	19	25	22	24	21	24	20	24	24	22	23
52	52	53	52	51	53	49	51	54	50	54	51	51	54	50
44	47	53	47	44	47	38	47	48	44	47	46	49	45	47
23	24	19	23	24	21	23	24	21	22	28	19	21	24	22
18	13	10	15	14	14	17	13	16	18	10	17	14	14	15
14	13	13	13	16	16	20	13	12	12	13	15	13	15	13
16	15	18	16	15	15	22	16	13	13	15	18	16	19	14
16	12	8	14	11	15	20	14	10	10	14	15	13	15	13
19	19	17	19	18	20	19	19	18	22	18	18	18	16	20
47	50	53	48	53	48	35	49	55	50	49	46	51	47	50
8	6	6	7	8	7	16	5	7	4	6	10	6	8	7
8	7	5	7	7	9	11	7	7	7	6	9	6	10	6
14	11	9	12	11	10	15	12	11	12	10	15	9	11	12
67	72	77	71	71	68	54	73	72	70	75	63	78	68	72
56	60	64	60	59	54	47	60	61	56	62	57	58	60	58
20	20	18	20	20	21	20	20	19	21	20	19	21	19	20
10	7	5	8	9	11	13	8	7	8	7	9	8	8	8
11	8	9	9	9	10	16	8	9	9	8	11	8	10	9

	TOTAL SAMPLE	SEX		GRADE		
		BOYS	GIRLS	10	11	12
71. People who are around the insane tend to become odd or strange themselves.						
(26I) Agree	7	8	6	7	6	7
(26J) Undecided; probably agree	7	8	6	7	8	6
(26K) Undecided; probably disagree	14	15	13	14	15	13
(26L) Disagree	68	66	71	68	67	71

MOTHERS' EDUCATION			RELIGION			INCOME			REGION				COMMUNITY	
GRADE	HIGH	COLL	PROT	CATH	OTHER	LOW	MED	HIGH	EAST	MIDWST	SOUTH	WEST	RURAL	URBAN
7	6	8	[illegible]	6	5	12	5	7	6	5	8	6	7	6
8	5	9	7	8	6	10	6	7	7	5	10	5	8	7
13	15	10	15	14	13	15	14	12	14	15	14	12	11	15
68	69	69	68	68	72	57	70	69	68	71	63	74	70	68